KELSEY TRAIL
HEALTH REGION

Annual Report to the Minister of Health
&
the Minister of Healthy Living Services

For the 2005-06 Fiscal Year Ended March 31, 2006

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The Kelsey Trail Health Region annual report for the fiscal year ending March 31, 2005 is available on the internet at: http://www.kelseytrailhealth.ca

Letter of Transmittal

June 15, 2006

To the Honourable Len Taylor, (Q.C.), and the Honourable Graham Addley
Ministers of Health and Healthy Living Services
Room 361
Legislative Building
Regina, Saskatchewan
CANADA S4S 0B3

Dear Ministers Taylor and Addley:

The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-06 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

The Kelsey Trail Regional Health Authority experienced many successes during the fiscal year, including the introduction and implementation of the *Regional Accountability Framework*. The overall success is greatly attributed to the dedication and commitment of the employees of the Kelsey Trail Health Region.

Respectfully submitted,

Carol Hayward

Carol Hayward
Chairperson

Who We Are

The Kelsey Trail Health Region has established a strategic direction that parallels the vision and strategic goals set by Saskatchewan Health in *The Action Plan for Saskatchewan Health Care.*

1. Improved access to quality health services;
2. Effective health promotion and disease prevention;
3. Retain, recruit and train health providers; and
4. A sustainable, efficient, accountable, quality health system.

Vision, Mission, Values

Kelsey Trail Regional Health Authority (KTRHA) has developed a mission, vision and values that build on and support those established in *The Action Plan,* with a focus specific to addressing the needs of the population of the region.

Through a process of public consultation, the KTRHA chose the name and logo of the health region to reflect the unity of regionalization. Unity is demonstrated through the team of health care professionals that work as one to provide optimum service and care delivery to all residents of the region. Taking the cultural diversity of the region's population into consideration, the logo reflects the circle of life within all of the region's communities as well as the traditional healing circle epitomized by the Aboriginal culture. The logo design symbolizes *oneness,* and the open, receptive and accessible relationship the Regional Health Authority (RHA) has with its public, its partners, its communities, its stakeholders and its neighboring health regions.

Vision:

"Healthy people in healthy communities"

Mission:

"Working together to improve the health of people"

Values:

- *Honesty*
- *Integrity*
- *Accountability*
- *Fairness*
- *Quality*
- *Teamwork*
- *Care & Compassion*
- *Open Communication*
- *Service Excellence*
- *Responsibility*

In keeping with the goals established by *The Action Plan,* the RHA originally developed and prioritized several short (1-3 years) and long-term (3 years +) goals and objectives to take it into the future. Over 2005-06, the RHA embarked on the development of its second formal five-year

strategic plan. As in the past, through consultation with several key focus groups representative of a wide cross-section of the population of the region, a variety of processes were used to develop a draft strategic plan. Additional focus group consultation followed. Through the establishment of Community Health Advisory Networks (CHAN's) in 2006-07, consultation will continue before the final draft of the 2006-2011 strategic plan is approved.

Progressive advancements in 2005-06 influenced the development of the 2006-2011 draft strategic plan. Based on recommendations from regional accreditation in February 2005, the region participated in the Deloitte Resource Optimization Review in 2005, in collaboration with Saskatchewan Health. Operational issues and measures were identified to assist the region in reviewing its financial position. The development and implementation of the *Regional Accountability Framework* in fall 2005 resulted in the creation of a new regional organizational and committee structure.

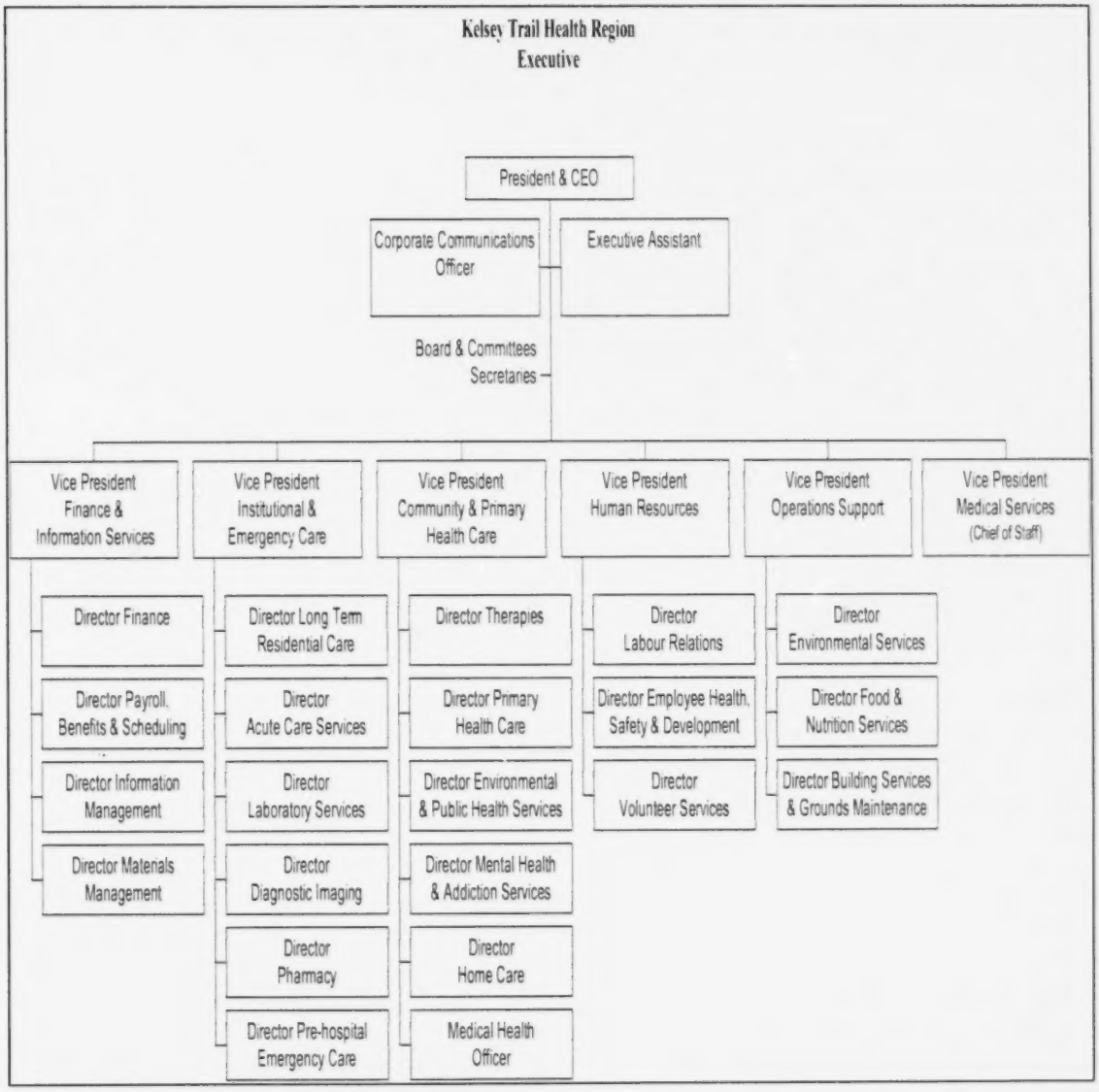
The Saskatchewan Action Plan for Health Care; Regional Accountability Document; the Provincial Public Confidence Survey, June 2003; the Saskatchewan Population Health Promotion Strategy; the Health Quality Council's Provincial Patient Experience and the Provincial Employee Opinion survey results were among additional tools utilized to inform the direction of strategic planning.

Administrative Structure

The Chief Executive Officer (CEO) is responsible to the RHA for the general operations and daily administrative organization of the region. The CEO has an Executive Management committee that works collaboratively with a Senior Management committee to ensure effective planning, integration and delivery of facility-based and community-based programs and services throughout the region. The Executive Management committee includes the following: Vice-President Institutional & Emergency Care, Vice-President Human Resources, Vice-President Finance & Information Services, Vice-President Operations Support, Vice-President Community & Primary Health Care, and Vice-President Medical Services/Chief of Staff.

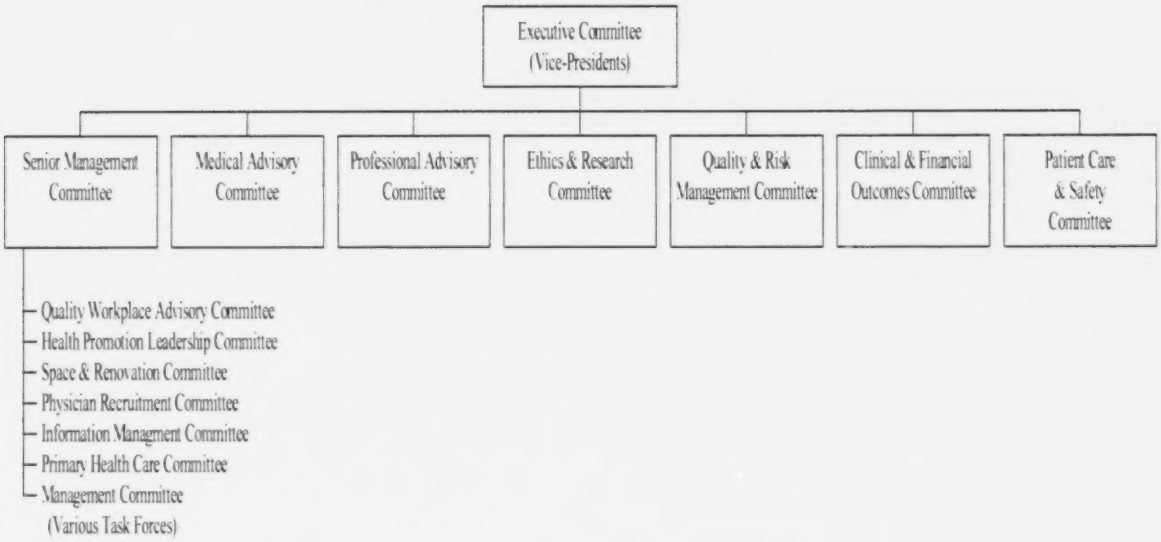
The Senior Management committee reports directly to the Executive Management committee. The organization of the Executive Management and Senior Management committees is depicted in the organizational chart.

Organizational Chart


Kelsey Trail Health Region
Executive
President & CEO
Corporate Communications Officer
Executive Assistant
Board & Committees Secretaries
Vice President Finance & Information Services
Vice President Institutional & Emergency Care
Vice President Community & Primary Health Care
Vice President Human Resources
Vice President Operations Support
Vice President Medical Services (Chief of Staff)
Director Finance
Director Payroll, Benefits & Scheduling
Director Information Management
Director Materials Management
Director Long Term Residential Care
Director Acute Care Services
Director Laboratory Services
Director Diagnostic Imaging
Director Pharmacy
Director Pre-hospital Emergency Care
Director Therapies
Director Primary Health Care
Director Environmental & Public Health Services
Director Mental Health & Addiction Services
Director Home Care
Medical Health Officer
Director Labour Relations
Director Employee Health, Safety & Development
Director Volunteer Services
Director Environmental Services
Director Food & Nutrition Services
Director Building Services & Grounds Maintenance

Committee Structure

Regional Committee Accountability Structure



Partnerships

Saskatchewan Health is the health region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHA's and ensuring the provision of essential and appropriate services to regional residents. Saskatchewan Health defines performance and outcome measures and establishes accountability parameters.

The Saskatchewan Association of Healthcare Organizations (SAHO) is a non-profit, non-governmental association of health agencies in Saskatchewan whose membership includes all regional health authorities and associations providing health services. SAHO provides RHA's with leadership, a common voice, payroll and benefits, collective bargaining, OH & S support, representative workforce and education resources.

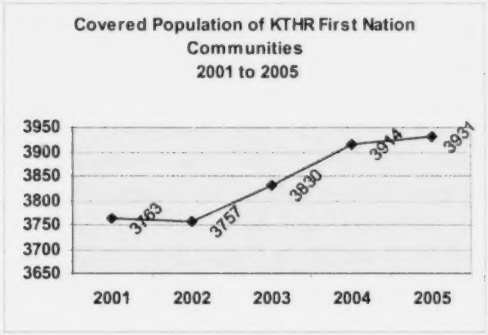
The region has a historical relationship with Prince Albert Parkland Regional Health Authority (PAPRHA) in relation to the provision of Mental Health Services. The region has several intersectoral partnerships with a variety of other stakeholders. In addition to the Departments of Learning, Justice, and Community Resources and Employment, partnerships have been developed with community leaders, Chambers of Commerce, and economic development groups.

The health region has developed significant partnerships with three affiliations including the Saskatchewan Union of Nurses (SUN), Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Government Employees Union (SGEU). Other significant partnerships

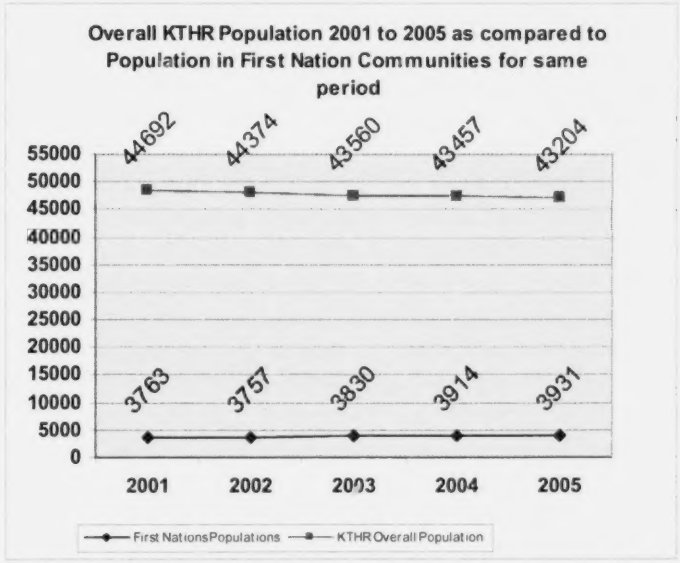
include a variety of Foundations and Trust Committees within the region, the Health Quality Council, the University of Saskatchewan, Cumberland Regional College, Regional Intersectoral Partners, the Northern Health Strategy, Prince Albert Grand Council, Saskatoon Tribal Council, Metis Nation Eastern Region 1 and 2, and the Northern Inter-Tribal Health Authority (NITHA).

Programs and Services

The RHA is responsible for providing primary and secondary health care services to the population of the region. Safe, quality, timely, effective and efficient health care services are available and accessible to residents as reasonably close to home as possible. This presents challenges in a large geographic area of approximately 47,000 square kilometers with a population of 43,204 residents. Services that are not available within the region are accessible and available to residents through numerous itinerant specialist services and referrals.



Currently, the region provides health services to the residents of 58 rural and urban municipalities in northeastern Saskatchewan. Within the boundaries of the region, health care services are also delivered, in some instances in partnership, to five First Nation communities and the Northern Village of Cumberland House. Between 2001 and 2005, there has been a steady increase in the populations within the region's First Nation communities.



From 2001 to 2005, there has been a gradual decline of approximately 3% in the overall population of the region. Over the same period, there has been a gradual increase of approximately 4% among the First Nation populations in the region.

Currently, the residents of First Nation communities represent approximately 9% of the region's total population.

The geography of the region results in some areas with long distances between communities. Communities in isolation pose similar challenges for residents and health care staff within the region. The relatively sparse population (0.91 persons/sq. km.) presents a challenge in the considerable distances residents must travel in order to access health care.

A complement of 1,600 staff provides a broad-range of community and facility-based services and programs to residents. Within the region, three health care facilities are designated district hospitals under *The Action Plan* as well as three facilities designated as community hospital status.

Acute, long-term care and program services such as observation, respite and palliative care are available at health care facilities across the region. A broad range of community services, home care programming and emergency medical services complement facility-based programs and services.

Visiting specialist services are available from the region's three district hospitals, ensuring a wide range of accessible itinerant services for residents. During 2005-06 surgical day surgery specialist procedures were available at all three district hospitals. The region grants visiting privileges to a number of physician specialists who provide itinerant services including: gynecology, orthopedics, urology, ENT, general surgery, pediatrics, rheumatology(adult), asthma/allergy, dermatology, internal medicine, respiratory medicine, plastic surgery and ophthalmology. In total, 5874 patients accessed specialist services in the region in 2005-06. The addition of orthopedic spine services complements the existing visiting specialist services. The continued provision of dermatology services has been retained. A $41,000 investment in equipment to be used for Endoscopic Retrograde Cholangiopancreatography Procedures (ERCP) will see the return of this program to the region.

In March 2006, the Province announced that hospitals in Tisdale and Melfort were among two of eight new provincial Telehealth sites. Investments in Telehealth capability will assist with addressing the challenges of geography for residents and health care professionals. The expansion of the Telehealth network into the communities that are most impacted by geography is a priority for the future.

Over 2005-06, Primary Health Care Services within the region expanded with the addition of two new Primary Health Care Teams in Nipawin and Porcupine Plain. Six nurse practitioners provide services from the region's Primary Health Care sites.

Prince Albert Parkland Regional Health Authority (PAPRHA) continues to provide the support of a Regional Director of Mental Health with respect to the terms of *The Mental Health Services Act*. An updated Memorandum of Understanding for Mental Health Services has been signed by KTHR and PAPRHA which defines on-going commitments to shared programming in the Mental Health and Addiction fields.

A Quality & Risk Management Committee and process has been established with a broad mandate to ensure risk management, quality, consistent, safe, ethical care is being provided to the patients, residents and clients within the region. The committee works in cooperation with other regional committees and teams.

A Regional Ethics & Research committee, responsible for developing processes for dealing with ethical issues and reviewing research proposed in the region, has been established. In addition, a

Regional Privacy Advisory Team provides a supportive role to the region's Privacy Officer to ensure consistent application of the *Health Information Protection Act* (HIPA) legislation.

Key Risks

In 2005-06 the region's financial position continued to impact all aspects of operations. The RHA operated with an approximate $1 million deficit in the previous two years. In 2005-06 the RHA achieved a balanced budget with a surplus of approximately $99,000. Future sustainability of the organization depends on its ability to achieve a balanced budget with surplus for future reinvestment in the region. Through the Resource Optimization Review, areas of potential efficiency were identified. The RHA works closely with Saskatchewan Health to identify specific operational pressures and develop initiatives to ensure a balanced budget position for 2006-2007.

Ongoing challenges in the provision of human resources continue to impact the region. The ability of the region to recruit and retain health professionals to rural locations and to part-time and casual positions creates ongoing challenges to ensuring the continuation of programs and services in some areas.

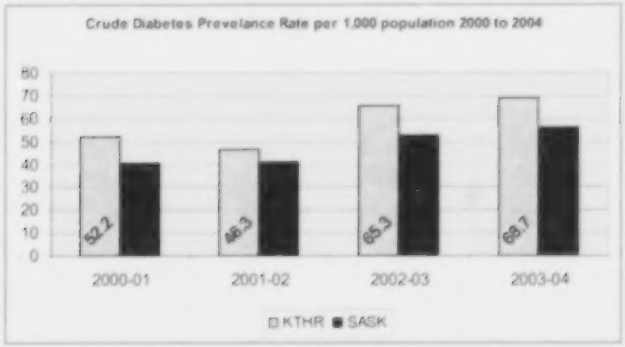
The shortage of appropriate human and financial resources available influences the region's ability to achieve goals and outcome objectives. The region endorses the increased focus on quality improvement, patient centered care and accountability throughout the health care system, requiring targeted resources to be realized at the RHA level. The need for capacity building to ensure these activities become core processes in the delivery of health care continues. The continued implementation of regional standardization, evidence-based care and other efficiencies are enhancing service efficiency.

The region concentrates significant effort on a Representative Workforce through the provision of Aboriginal Awareness training for all staff. The region utilizes other initiatives such as attendance at Aboriginal career and job recruitment fairs, orientation to health care employment opportunities through dialogue with secondary guidance counselors, and offering scholarship incentives to regional Aboriginal students pursuing post-secondary education in the health care field.

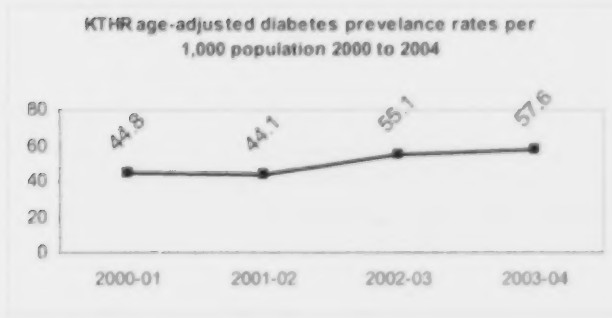
Recruitment of additional family physicians/anesthesiologists is an ongoing challenge. Community-based physician recruitment committees collaborate with the region to offer a variety of incentives to attract physicians to the region. The successful recruitment of a Vice-President of Medical Services/Chief of Staff in 2005-06 and establishment of the Regional Medical Advisory Committee (MAC) assists in facilitating recruitment. Collaboration with Saskatchewan Health, the College of Physicians & Surgeons, the Saskatchewan Medical Association and University of Saskatchewan College of Medicine provides additional assistance with regional recruitment initiatives. Across the province and nation, physician recruitment is equally challenging.

The region employs approximately 1600 staff including a complement of in and out-of-scope employees. Union affiliation representation includes members of the Saskatchewan Union of

Nurses (SUN), Saskatchewan Government Employees Union (SGEU), and Health Sciences Association of Saskatchewan (HSAS). The region's workforce is largely comprised of long-term employees with minimal turnover.



Current and projected health status of the population of the region impacts on the current and future provision of programs and services in the region. Chronic disease management, prevention and population health promotion take on greater importance as the prevalence of chronic disease continues to climb.



Between 2000 and 2004, the region's crude diabetes prevelance rate increased by a rate of 16.5/1000 population. Provincially, there was an increase of 15.6/1000. The region's age-adjusted diabetes prevelance rate over the same period was 12.8/1000. At 57.6/1000 population, the region's rate of prevalence ranks fourth behind the three northern regions.

Health Care Organizations

The region has contractual relationships with several independent health care organizations for the delivery of health care services. *The Regional Health Services Act* defines a health care organization as an affiliate or a prescribed organization that receives funding from an Authority to provide health services.

- The region has contractual relationships for Emergency Medical/Ambulance Services in the communities of Kelvington, Melfort, Naicam, Nipawin/Carrot River, Rose Valley and Tisdale.
    - These services include responsibility for access, care, stabilization and transport of both acutely ill and injured clients. Emergency Medical Dispatch Services determine priority of emergency responses and dispatch Advance, Intermediate or Basic Life Support crews.
    - Accountability among contracted emergency medical/ambulance services providers is guaranteed through monthly reporting of Patient Care Service Performance and Financial requirements. Information provided includes: number

of calls by category; percentage of performance against the regional benchmark of chute times less than 6 minutes 59 seconds from time of call to response (Benchmark 90% efficiency); patient demographics; service access volume utilization and total kilometers traveled per month. Client satisfaction survey results are recorded and reported, as are reports on audits of at least 25% of all trips performed by the service. Reports on the continuing education activities of each service are required annually, as are annual audited financial statements, proposed operating budget, statement of remuneration of employees to provincial levels and statement of benefits paid on behalf of employees.

- In Cumberland House, addiction services are contracted from Pine Island Crisis Centre, a community-based organization of the residents of the Northern Village of Cumberland House.

- In Hudson Bay, addiction counseling and safe driving program services are contracted through Hudson Bay & District Assessment and Resource Service Society Inc.

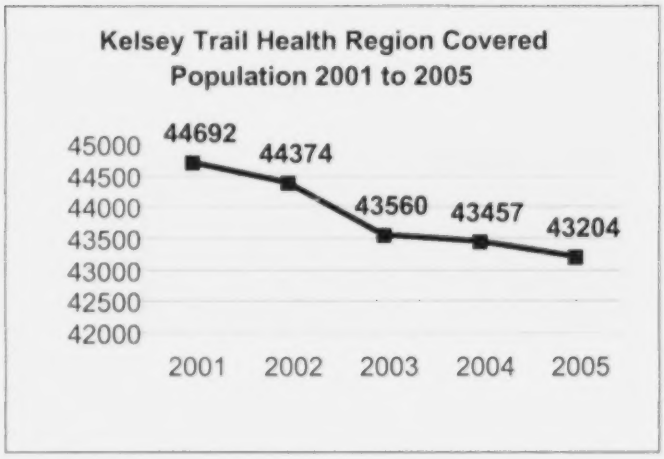
Accountability of contracted service and care providers is monitored through a variant of means including receipt of annual audited financial statements of the provider. A number of the region's contracted relationships will be re-evaluated in 2006-07.

Providing services through contractual relationships allows the region to meet the needs of all residents, regardless of location. This process meets both the region's goals and objectives and those of *The Action Plan.*

Our Region

Environmental Scan

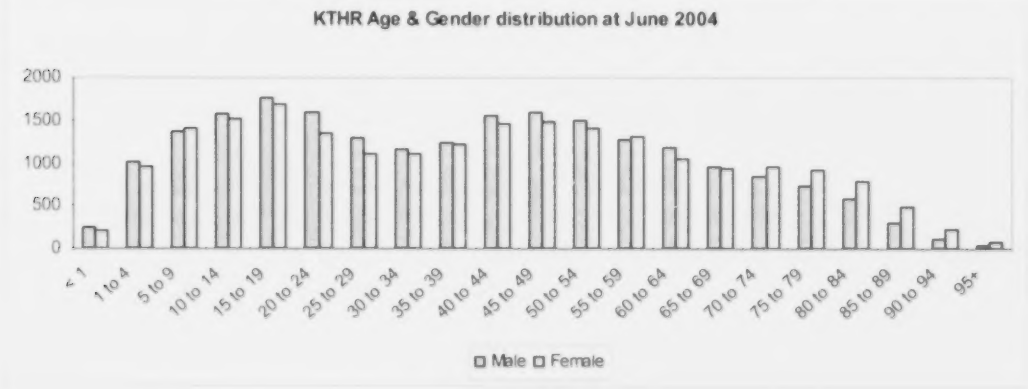
The Kelsey Trail Health Region covers a vast geographic area of approximately 47,400 square kilometers. The population is relatively sparse at 0.91 persons per square kilometer as compared to a provincial average of 1.58 persons per square kilometer. Figures from June 2005, list the region's covered population at 43,204 people. Information from Saskatchewan Health indicates the overall population of the region has undergone a steady decline over the past five years.



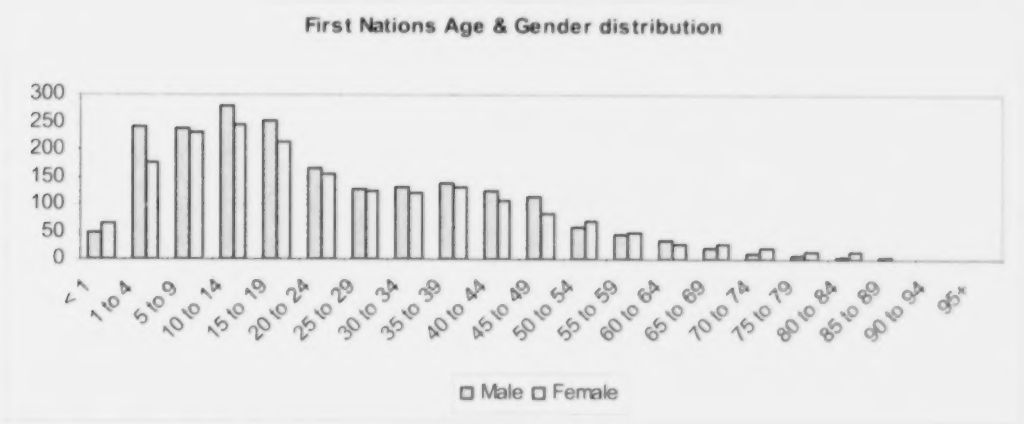
Due to the large geographic area served by the region, transportation and isolation pose challenges for residents and service delivery. Significant distances between communities, coupled with the isolated location of the communities of the Northern Village of Cumberland House and the adjacent reserve community of Cumberland House Cree Nation, produce challenges to the provision and accessibility of equitable and appropriate health care services.

Population Demographics

The largest percentage of the region's overall population falls in the 40 and-over-age category, with the 40-54 age groups representing the single largest portion (21%) of the over-forty population.



Demographics of the region's First Nation Population



Currently, First Nation communities represent approximately 9% of the region's total population, residing in the First Nation communities of Red Earth Cree Nation, Shoal Lake Cree Nation, Cumberland House Cree Nation, Kinistin Saulteaux Nation, Yellowquill First Nation and the Northern Village of Cumberland House. Projected population demographics are reversed from that of the overall KTHR population. Among the First Nation community populations, the 0-14 year age group represents the largest portion of the population at 40%, with the 15-19 age group at 12%. In total, 52% of the First Nations population is represented by those 0-19 years.

Demographically, the rural/urban shift continues with a steady out-migration of rural residents to urban settings. This is the trend among all age groups in the region with the exception of the 45-64 year group. The most significant population loss in the region is within the 19-25 year group.

According to Human Resources Canada's *Annual Labor Market Perspective February 2004*, regional demographics mirror those of the province with a marked decrease in the rural population and only a marginal increase in the urban. Decreases cross all ages with the exception of the 45-64 years group. An increase in Aboriginal youth overall is evident yet, youth out-migration continues in the Melfort HRCC area while the senior population rises. Though proactive in attracting people to the area through incentive programs, covered population figures indicate declining population, aging infrastructures, an escalating crime rate and a shortage of skilled trade's people are presenting challenges.

Economic Demographics

Income levels tend to be 17.5% lower than the provincial average with total average earnings at $21,179 for KTHR residents as compared to $25,691 for Saskatchewan residents as a whole. Information obtained from Statistics Canada indicates that 20.9% of the region's population relies on some type of government transfers as their source of income.

	KTHR	Saskatchewan	Canada
Average Earnings: Full time for full year	$29,191	$35,461	$49,224
Median family income (all census families)	$42,740	$49,264	n/a
Median family income for couple families	$45,378	$54,341	n/a
Median family income single parent families	$23,727	$24,787	n/a

According to Human Resource Centre of Canada's *Annual Labor Market Perspective, for the Melfort area*, the region is generally covered by cultivated farmland, rolling pastureland, or is lightly wooded, or forested. Regional employment declined by 1.8% compared to a 2.7% increase provincially. The largest employment gain (87%) was in other services (service professionals and non-profit groups) with energy and utilities at 28%. Manufacturing declined by 21%. Agriculture, forestry, fishing, hunting, health care and social assistance, and retail trade make up the bulk of industry employment at 49%, higher than the provincial distribution of 37%.

Education and Literacy Levels

Statistics on education and literacy levels among the region's working-age population indicate 44% of the population of the health region has less than a Grade 12 education as compared to 39% provincially. (Working age population was 37,070 over age 20 in 2004-05).

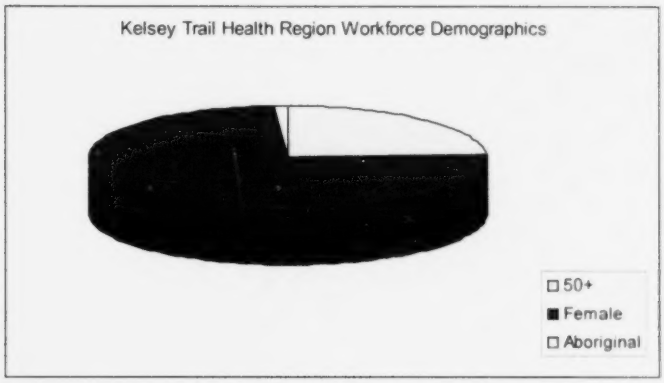
Workforce Demographics

Shifts in population demographics and changes in the health status of the region's population will impact health care needs throughout the region in the future. These shifts will impact the type and number of health care professionals and facilities that may be required.

	Kelsey Trail Health Region	**Saskatchewan**
Less than Grade 12	**44%**	**39%**
Grade 12, or some post-secondary	**19%**	**22%**
Certificate or Diploma	**29%**	**25%**
University Degree	**8%**	**14%**

The region employs approximately 1600 health care professionals representing approximately 1107 FTE's (full-time equivalents). Health care employees are the region's most valuable resource and the region is committed to providing safe, effective, quality workplaces for all staff. The demands of employment in the health care professions require a complementary mix of full-time, part-time and casual employees. The region is reviewing skill mix in an effort to determine appropriate levels for ensuring safe, quality, effective patient care at maximum efficiency.

Workforce Statistics



The region's workforce is represented by 30% in the 50+ age category. Among the total workforce, over 92% is female. Currently, only 1.8% of the region's workforce is comprised of individuals who have self-identified as Aboriginal.

Turnover rates within the region are relatively low with the majority of monthly job postings filled internally.

The recruitment and retention of physicians and other specialized health care providers is an ongoing problem for the region as it is provincially and nationally. There are approximately 35 physicians practicing throughout the region. Six Nurse Practitioners provide services at the region's Primary Health Care locations. An estimated 2000 volunteers also assist with the provision of services such as First Responders, Meals on Wheals, hospital volunteers and fundraising across the region.

Emerging Health Issues

In collaboration with Saskatchewan Health and Health Canada, the region maintains an ongoing awareness of emerging health issues, addressing them on the basis of priority.

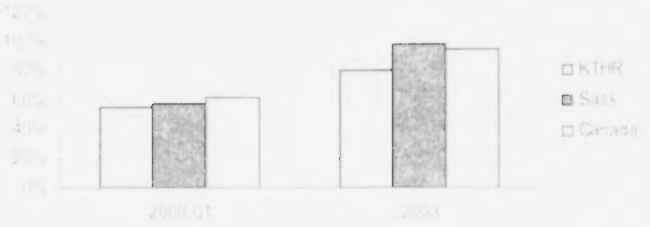
The region, working collaboratively with the Provincial West Nile Virus Coordinator, reported no incidents of West Nile Virus in humans in 2005-06, participating in the provincial surveillance program through the placement and operation of four mosquito traps. Three mosquito pools, one bird and two horses tested positive for the virus. The threat of west nile virus is an annual, seasonal issue and the region continues to work cooperatively with the Provincial Chief and Deputy Medical Health Officers, Provincial West Nile Virus Coordinator and Public Health Agency of Canada (PHAC) to monitor it.

The Pandemic/Major Communicable Disease Committee has become the region's Emergency Preparedness Committee. Planning and preparation for influenza pandemic has involved the establishment of six Local Control Committees in communities with acute care facilities, workshop/planning sessions for municipal governments, development and distribution of public question and answer brochures, and development of a Priority Access Dial for health region phone numbers. The committee's broadened mandate will be to provide disaster planning for the region. The region is considering the designation of a regional Emergency Planning Officer.

Health Status

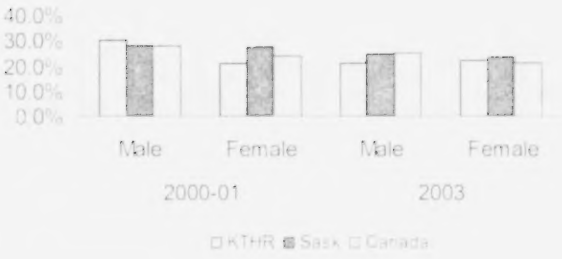
Self-reported health is an indicator of individual overall health status and considers factors such as incipient disease, disease severity, some aspects of positive health status, physiological or psychological reserve, social and mental function. Regionally, the percentage of the population (age 12+ years) reporting very good or excellent health has declined. 48.2% of the 12+ year population rate their health status as very good or excellent as compared to 59.5% provincially. This is a 6.7% decrease from 2000-01. Provincially, the percentage has increased.

Percentage of Population (12 years and over) Rating their Health as Very Good or Excellent 2000-01 and 2003

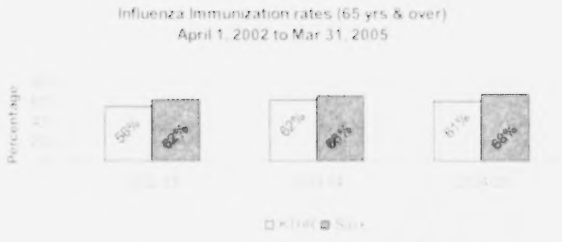


A reduction in the percentage of males (age 12+ years) who are current, daily or occasional smokers is similar to provincial and national statistics between 2001 and 2003. A 9.2% reduction in smoking among males is greater than the provincial decrease (3.3%). Statistics for female smokers indicate little change provincially and nationally with a slight increase regionally. Tobacco use is considered the leading cause of preventable illness and death in Canada.

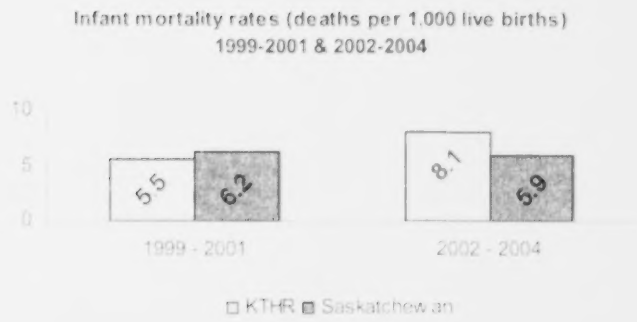
Percentage of population(12 years & over) who are current, daily or occasional smokers 2000-01 & 2003



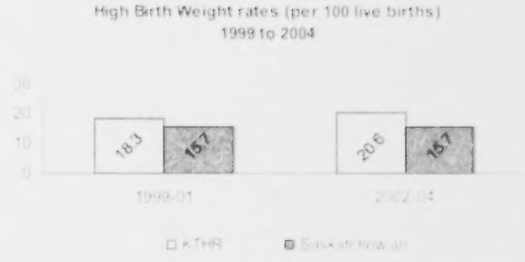
Influenza Immunization rates (65 yrs & over) April 1, 2002 to Mar 31, 2005



Regional influenza immunization rates increased among those 65+ years yet remain lower than the provincial average. Between 2003-04 and 2004-05 there was a 5% increase in immunization rates regionally as compared to a 6% provincial increase. However, in 2004-05 the regional rate declined slightly over the previous year. In 2005, children 6 to 23 months became eligible to receive the influenza vaccine free of charge. There are approximately 551 children in this age group in the region (excluding First Nations statistics). Of these, 20% received influenza vaccine.



Between 1999-01 and 2002-04, there was an increase of 2.6/1000 in the region's infant mortality rate. Infant mortality is defined as the number of infants who die in the first year of life, expressed as a rate (per 1,000 live births) occurring that year. Infant mortality rates are one of the most widely recognized indicators of the overall health of a population, reflecting the level of mortality, health status and health care of a population, the effectiveness of preventive care, and the attention paid to maternal and child health in addition to social factors like maternal education, smoking and relative deprivation. During 2002-2004, the region's infant mortality was 8.1/1000 compared to 5.9/1000 provincially.

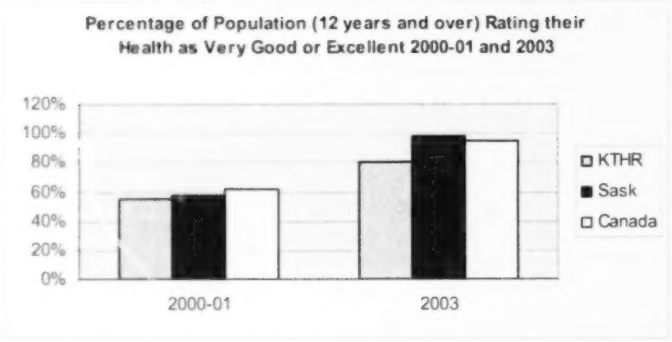


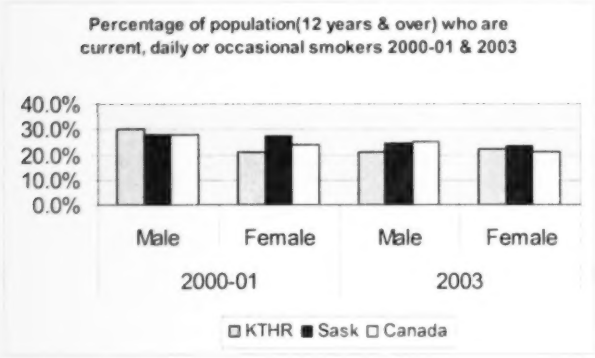
Gestational weight gain is closely linked with pregnancy outcomes. Low birth weight (LBW) babies (less than 2500 g/5.5 lbs.) can be associated with neonatal morbidity and mortality, developmental problems and other illnesses. It may be associated with factors such as poverty, youth, limited support network, physical abuse, and low educational level. Excessive weight may be associated with high birth weight (HBW), defined as more than 4000g/8.8lbs. Negative consequences associated with high birth weight may include prolonged labor at birth, birth trauma, birth asphyxia, cesarean birth and increased risk of perinatal mortality or increased risk for diabetes.

Low and high birth rates experienced modest increases in the region between 1999-01 and 2002-04. The low birth rate (4.6/1000) in the region is below the provincial average while the high birth rate (20.6/1000) continues to be above.

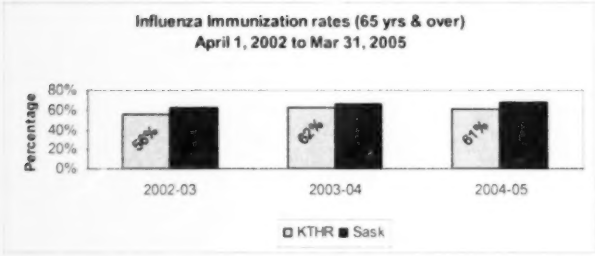
Health Status

Self-reported health is an indicator of individual overall health status and considers factors such as incipient disease, disease severity, some aspects of positive health status, physiological or psychological reserve, social and mental function. Regionally, the percentage of the population (age 12+ years) reporting very good or excellent health has declined. 48.2% of the 12+ year population rate their health status as very good or excellent as compared to 59.5% provincially. This is a 6.7% decrease from 2000-01. Provincially, the percentage has increased.

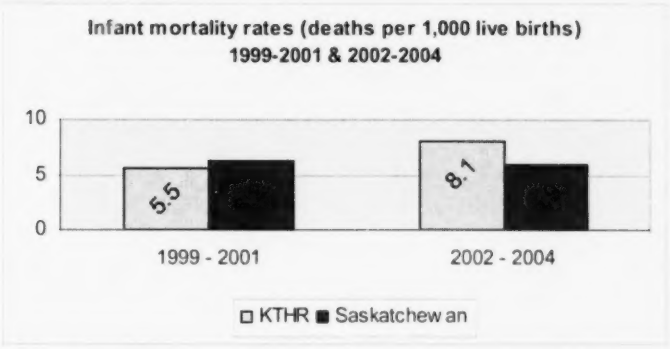




A reduction in the percentage of males (age 12+ years) who are current, daily or occasional smokers is similar to provincial and national statistics between 2001 and 2003. A 9.2% reduction in smoking among males is greater than the provincial decrease (3.3%). Statistics for female smokers indicate little change provincially and nationally with a slight increase regionally. Tobacco use is considered the leading cause of preventable illness and death in Canada.



Regional influenza immunization rates increased among those 65+ years yet remain lower than the provincial average. Between 2003-04 and 2004-05 there was a 5% increase in immunization rates regionally as compared to a 6% provincial increase. However, in 2004-05 the regional rate declined slightly over the previous year. In 2005, children 6 to 23 months became eligible to receive the influenza vaccine free of charge. There are approximately 551 children in this age group in the region (excluding First Nations statistics). Of these, 20% received influenza vaccine.



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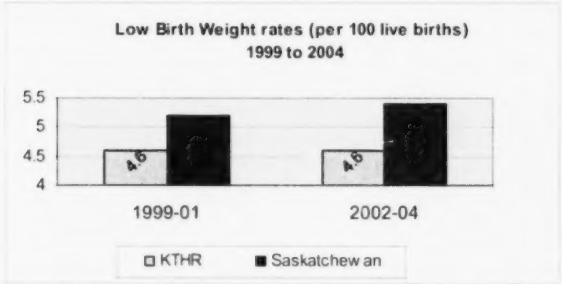

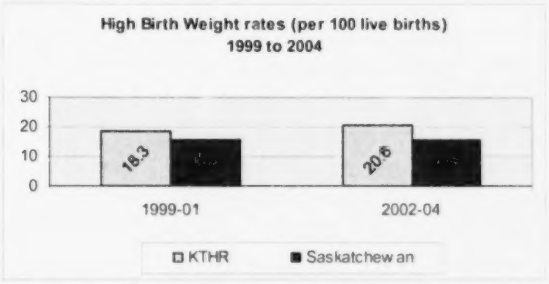

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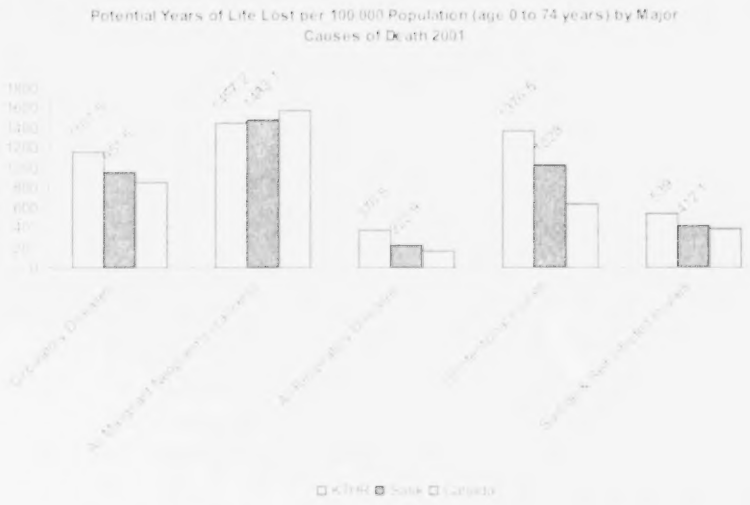
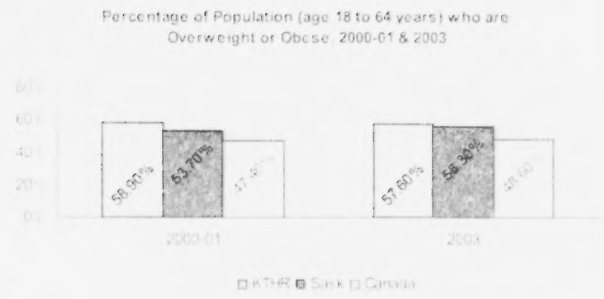
Low and high birth rates experienced modest increases in the region between 1999-01 and 2002-04. The low birth rate (4.6/1000) in the region is below the provincial average while the high birth rate (20.6/1000) continues to be above.

Compared to Canada and Saskatchewan, the region's rate of Potential Years of Life Lost (PYLL) per 100,000 population (to 74 years) by all major causes of death is higher with the exception of cancer. The rate of cancers (1457.2 100,000) is below the provincial and national averages. In all other categories, the region is higher than provincial and national averages. The rate for all respiratory diseases (376.5 100,000) is the highest in the province while the circulatory disease rate (1167.5 100,000) is second highest. Contributing factors include: gender, age, ethnicity, geographic variations, risk factors like smoking and excessive alcohol use, socio-economic status and local environmental factors.

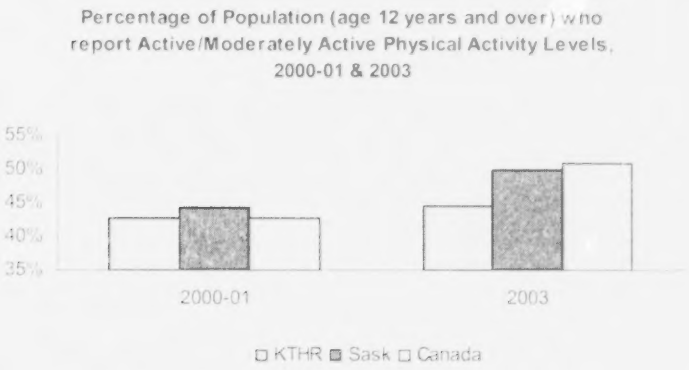


Life expectancy is indicative of the health of a population. It is generally higher among women and may be related to differences in risk-taking behavior, use of health care services, and adoption of healthier lifestyles. Life expectancy at birth (75.6 years) and age 65 (17.2 years) for males remained relatively unchanged between 1997 and 2001. At 65 years, the life expectancy for males is slightly higher than the provincial average (16.9 years). Among females, the rate of life expectancy at birth (82.5 years) and 65 years (21.6 years) is also higher than the provincial average.

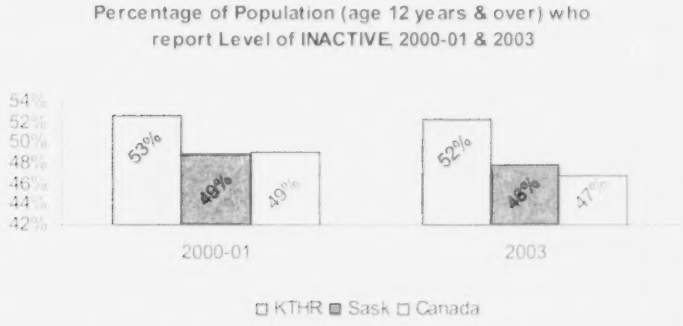
The World Health Organization (WHO) defines disability as a process wherein individual conditions (impairments) result in a lack or inability to perform activities considered normal for a human being and where this lack may result from or be amplified by conditions or expectations in the social environment. Increases in disability-free life expectancy may reflect improvements in the prevention and management of chronic diseases. Among males at birth (67.6 years) and at 65 years (12.1 years), regional rates are lower than that of females at birth (71.0 years) and 65 years (12.6 years). Both are slightly higher than the provincial averages.



Obesity is a major risk factor contributing to numerous chronic illnesses, including type II diabetes and heart disease. Body Mass Index (BMI) is used to distinguish between persons considered overweight (BMI 25.0 - 29.9) and obese (BMI 30.0+). BMI is used to measure the effects of excess weight as a risk factor for a variety of diseases. Reducing the risk of obesity decreases the risk of chronic conditions. Though the regional percentage of those considered obese has declined minimally between 2000-01 and 2003, it exceeds the provincial and national averages. In the region, 57.6% of the population aged 18 to 64 years is overweight or obese compared to 48.6% nationally and 56.3% provincially.



Physical activity is associated with significant health benefits. Increased physical activity has also been associated with reductions in the incidence of high risk behaviors and has considerable economic impacts. The percentage of physical activity among the region's residents has increased from 2000-01 to 2003 yet, at 44.5% it continues to remain below provincial (49.8%) and national (50.8%) averages. The province experienced a 5.1% increase in activity over the same period.



The percentage of the region's population (age 12+ years) reporting a physical activity index as "inactive" has remained largely stagnant. However, at 52.3%, the region has the third highest percentage of inactivity levels in the province

Physical inactivity has been identified as a major risk for heart and other chronic diseases. Participation in physical activity has been associated with reductions in the incidence of high-risk behaviors such as smoking, alcohol and substance abuse, and inadequate dietary practices among youth and teens.

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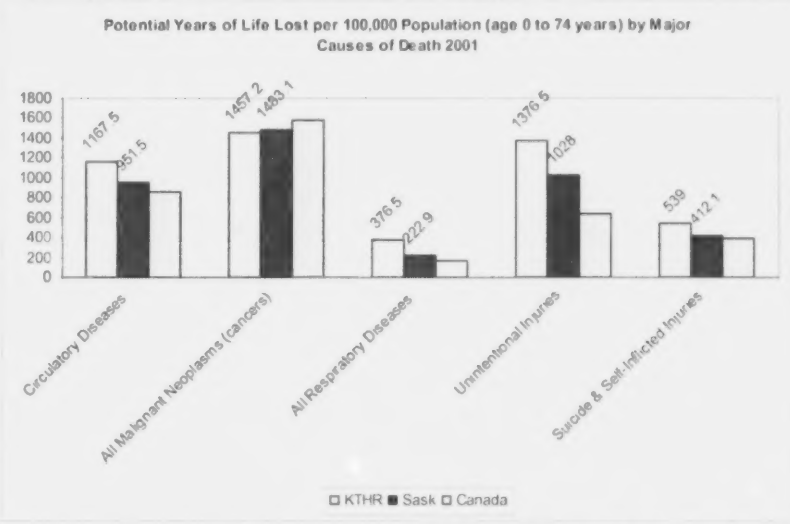

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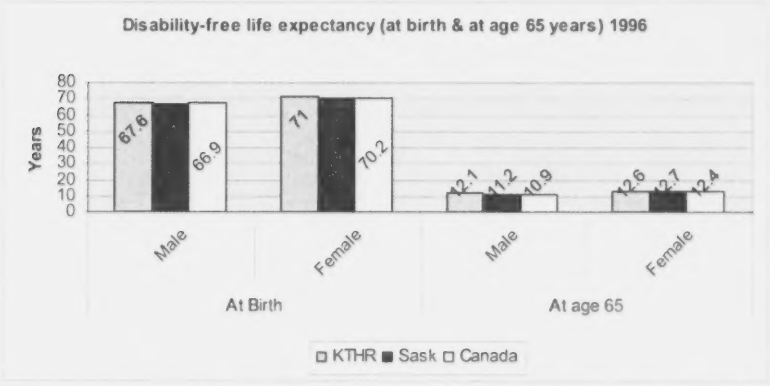

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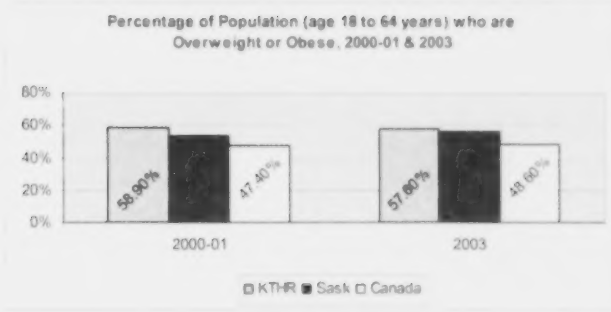

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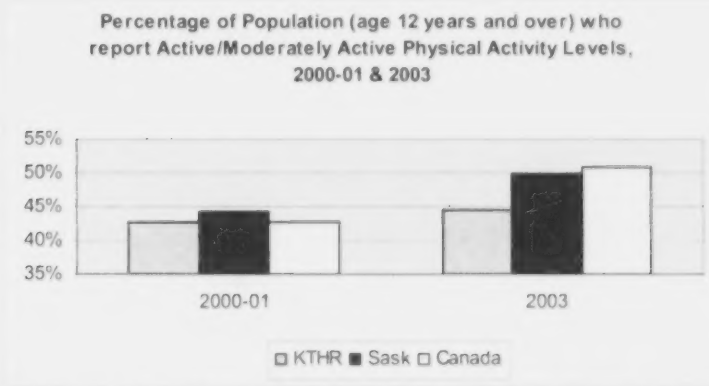

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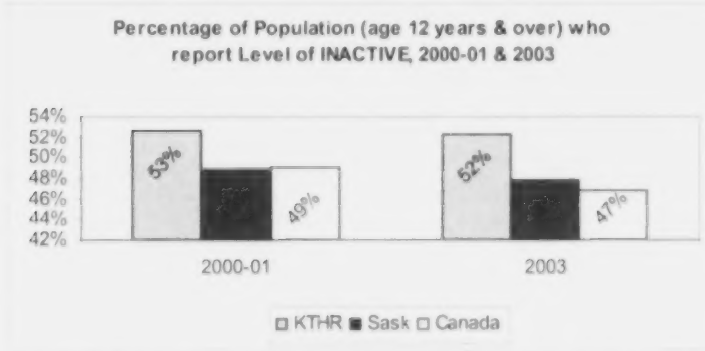

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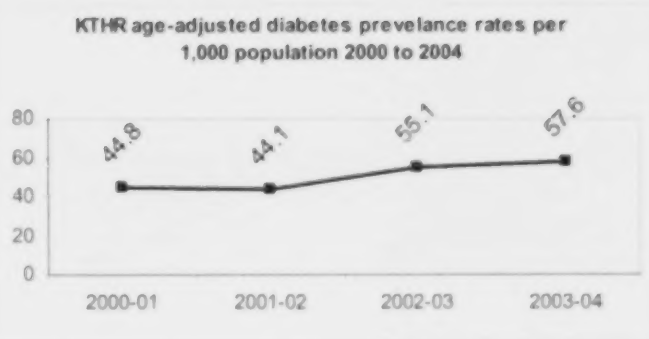
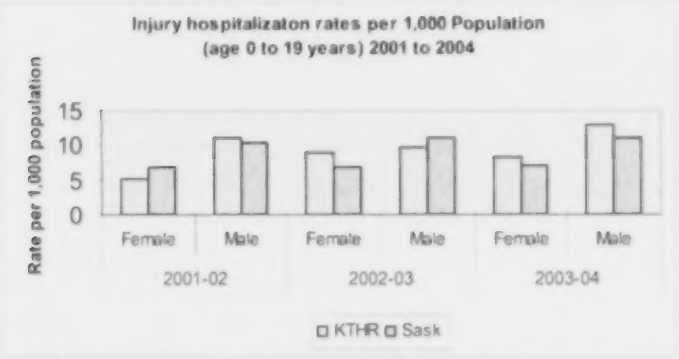
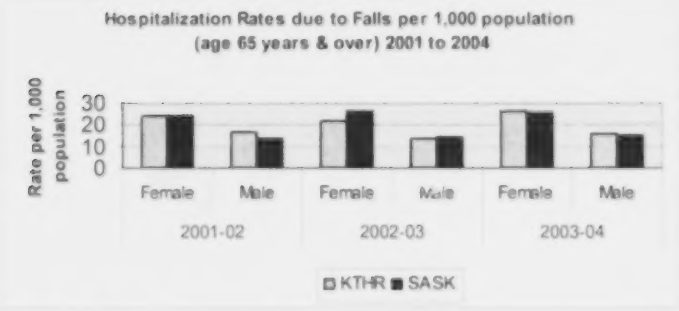
Physical inactivity has been identified as a major risk for heart and other chronic diseases. Participation in physical activity has been associated with reductions in the incidence of high-risk behaviors such as smoking, alcohol and substance abuse, and inadequate dietary practices among youth and teens.

Diabetes is associated with chronic disease complications and has an impact on outcome measures such as death rates, potential years of life lost, disability-free life expectancy and hospital utilization rates. Between 2002-03 and 2003-04, the region's age-sex-adjusted diabetes prevalence rate per 1000 population increased by 2.5/1000. The region has the fourth highest diabetes prevalence rate in the province behind the three northern regions. Factors contributing to diabetes prevalence include age, sex, genetics, nutrition, obesity, ethnic background, physical inactivity, viral infections and others such as smoking, alcohol, hypertension, heart disease, gestational diabetes and stress.





Among females, the injury hospitalization rate per 1000 population (age 0 – 19 years) has increased from 2001-02 to 2003-04. At 8.3/1000, it is higher than the provincial rate of 7.1/1000. For males, the rate of 12.6/1000 represents an increase and is higher than the provincial rate of 11.1/1000. Injury is the leading cause of death among children in Canada and the leading cause of hospitalizations among children and youth in Saskatchewan.



Among females and males, hospitalization rates due to falls (age 65+ years) remain relatively unchanged between 2001-02 and 2003-04. For females, the rate is slightly below the provincial average while it is slightly above the provincial average for males. Injuries due to falls are a serious health issue for seniors, often leading to long-term disability, loss of independence and even death. Surveillance of injuries among seniors, focusing on risk factors, may assist in addressing strategies for prevention.

2005-06 Results at a Glance

During the 2005-06 fiscal year, several significant events and accomplishments provided an accurate and informative analysis of progress in terms of the performance, operational and financial achievements of the region. These initiatives also serve to measure areas where improvement is required.

Goal 1 – Improved access to quality health services

Highlights

- Provincial Telehealth sites expanded to include Tisdale and Melfort
- Public education increased regarding access to Quality of Care Coordinator
- Internal and external communication enhanced through recruitment of Regional Communication Officer
- Improved communication with staff through CEO/staff meetings
- Eight focus groups representative of clients, staff, management, community, stakeholders, partner agencies and board provided input as part of strategic planning process
- Development of draft 2006-2011 strategic plan in preparation for review by Community Health Advisory Networks early in 2006-07
- Organizational committee structure developed to ensure information consistently and formally distributed throughout the system.
- Approval of Regional Information Technology plan
- Regional Privacy Advisory Team
- Expansion of itinerant specialist services
- Establishment of Regional Quality & Risk Management Committee and Regional Medical Advisory Committee
- Expansion of two new Primary Health Care Teams to Nipawin and Porcupine Plain
- Recruitment of physicians to Nipawin (2) and Hudson Bay (1)
- Regional Pandemic Plan approved and Local Control Committees established in communities with acute care facilities
- Patient Care & Safety Committee established

Goal 2 – Effective health promotion and disease prevention

Highlights

- Participation in HQC Chronic Disease Collaborative, Skin and Wound Care pilot project, and project on improved drug treatment management among seniors.
- Primary Health Care Teams expanded
- Regional Chronic Disease Management Committee established
- Multidisciplinary Regional Working Group for Arthritis established
- 90% of long-term care residents immunized for influenza
- Project Hope – addition of Population Health Educator

Goal 3 - Retain, recruit and train health care providers

Highlights

- Chief Executive Officer recruited
- Vice-President of Medical Services/Chief of Staff recruited
- Recruitment of physicians to Nipawin (2) and Hudson Bay (1)
- Initiated changes in out-of-scope staffing levels to continue movement toward regionalization of senior management team and revised organizational structure
- Population Health Educator, Corporate Communications Officer recruited
- Cultural Awareness Training provided to 250 staff in 2nd year of 5-year initiative
- Provincial Employee Opinion survey participation by 49% of staff

Goal 4 – A sustainable, efficient, accountable, quality health system

Highlights

- Regional Ethics & Research Committee established
- Regional Professional Advisory Committee established
- Regional Accountability Framework and revised organizational structure developed and implemented
- Organizational Committee structure defines formal reporting requirements and defined terms of reference established for each committee
- Regional Quality Plan approved by RHA
- Ongoing reporting on Indicators and continued work by Quality Improvement teams
- Ongoing reporting of Critical Incidents and follow-up through Root Cause Analysis produced recommendations resulting in improvements to the system overall.
- Protection of Personal Health Information education session for staff has resulted in education of approximately 50% of staff. Privacy Advisory Team continues work on policies regarding disclosure and consent.
- Regional participation in Provincial Quality of Care Coordinator meetings ensuring consistency in processes throughout the province
- Active involvement with Health Quality Council resulted in access to and participation in Quality Improvement educational opportunities for the region's Quality Improvement teams.
- Participated in the Provincial Patient Experience Survey which released results in June 2005 report indicating Kelsey Trail is among the top three regions. Survey results also provided information surrounding future opportunities for improvement.
- Participated in Deloitte Resource Optimization Review
- Quality Improvement Initiative funding through HQC ($34,000) resulted in a variety of QI initiatives

Financial Summary

Highlights

- Recorded balanced budget with $99,116 surplus
- Initiatives targeting regionalized approach to services and programs resulted in $588,133 positive variance from budget
- Provincial recognition of specific operational pressures with subsequent adjustment to base operational funding
- Premier's Project Hope provincial funding support
- Expansion of Telehealth through provincial funding support
- RHA investment in equipment results in return of ERCP program to region.
- Mental health home care, acute home care and end of life home care provincial funding support

2005-06 Performance Results

Thorough and ongoing evaluation of the recommendations of the 2005 Accreditation Survey, in addition to the Deloitte Resource Optimization Review, the region's Accountability Framework and analysis of several internal and external factors have influenced direction in 2005-06. Measuring annual progress and areas where work is required to meet and manage goals and objectives has assisted in the development of a draft strategic plan that will set the direction for the region over the next five years.

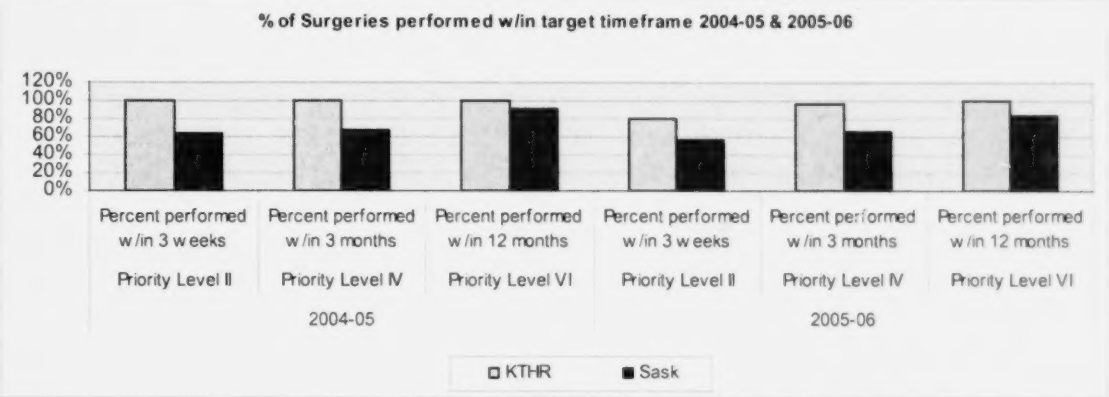
Goal 1: Improved access to quality care

Due to the large geographic area and sparse population, access to quality health services within the region takes on an increasingly important significance. Recognizing the demographics of rural and northern Saskatchewan, the RHA strives to provide access to safe, quality health services to all residents as reasonably close to home as possible. This is often challenging, given the fact that infrastructure is aging and replacement costs are high. Recruiting health care professionals to rural and remote settings is another significant challenge in the continued provision of programs and services.

Provincial funding support resulted in the expansion of the Provincial Telehealth network to include sites at Tisdale and Melfort. Through internal realignment of resources, the region established videoconferencing capabilities in the community of Hudson Bay and through ongoing participation in the Northern Health Strategy's Shared Paths project, videoconferencing equipment was also acquired for the Cumberland House Health Centre. As a result, the region now has access to Telehealth capacity in five communities, allowing improved access to educational opportunities and information for staff and public. Participation in a pilot project concluding in March 2006 served as a trial for a "Regional" Telehealth Coordinator for Telehealth Saskatchewan. In the future, the region envisions further Telehealth expansion.

Internal and external communication was enhanced through development and approval of the 2005-06 regional communication plan. Regular publication and distribution of a quarterly stakeholder newsletter, *Kelsey Trail News*, and the quarterly publication and distribution of an employee newsletter, *The Pulse*, commenced in March 2006. Distribution of RHA meeting highlights resumed late in 2005-06 and *Health Focus* has been published and distributed in the region. The region consistently reports Public Confidence Indicators. In addition, the provincial *Healthline* is advertised in all informational material produced by and for the region.

Nipawin and Melfort Hospitals began participation in the Saskatchewan Surgical Care Network (SCCN) Surgical Patient Registry in 2005-06. The network tracks wait times and priority level for surgery performed in the province. The region began reporting in January 2005 therefore, 2004-05 data is not complete. It is important to note Tisdale Hospital also performed day surgery, however, did not participate in the registry. Late in 2005-06, challenges in operating room staffing resulted in the reassignment of surgical bookings from Tisdale to Melfort Hospital. This is expected to increase the percentage of day surgery reported by the region in the future.



Priority Level II and Priority Level IV surgeries were the only priority levels in the region that fell below the 100% target.

The percentage of the region's population with geographic proximity to primary health care services improved significantly in 2005-06. At 38.2%, accessibility to primary health care services in the region doubled over the previous year and regional access improved at a rate higher than the provincial average. Between 2005 and 2006, the province saw a 3.5% increase. The region's operational budget includes an approved Primary Health Care Plan that identifies primary health care teams in eight communities within the region. Future expansion has been directed at Tisdale and Melfort.

The region's 2005-06 operational budget includes an updated Diabetes Management Plan. The region's Regional Diabetes and Heart Health Team members began participation in the HQC Chronic Disease Management Collaborative, involving three primary health care sites in the region, in November 2005. The collaborative, part of the Regional Diabetes Work Plan, focuses on improving the care and health of people living with diabetes and coronary artery disease. In April 2005 Diabetes and Heart Health Team members began traveling to Cumberland House twice monthly to provide enhanced patient and staff education, access and support, and working to improve the care and treatment of those with diabetes. An exercise therapist joined the team and spends one day per week in Melfort, Nipawin and Tisdale addressing referrals for pre-diabetic and diabetic patients. Risk identification clinics will expand in the region in 2006-07.

29.2% of institutional supportive care residents in KTHR have some degree of a pressure sore. This is higher than the provincial comparison of 22.2%. Of the reported pressure sores, 91%

were considered grade one and two and 9% were considered grade three and four. The higher percentages are attributed to good reporting compliance.

Refer to applicable Program-Specific areas listed on page 73.

Goal 2: Effective health promotion and disease prevention

From July 1, 2004 to June 30, 2005, 451 members of the covered population of the health region attained the age of 2 years. Of those, 360 were registered in the Saskatchewan Immunization Management System (SIMS). Immunization rates for diphtheria (71.2%) and measles (72.5%) decreased slightly from the previous year but remained above the respective provincial averages. Public Health services to Cumberland House were enhanced over the fiscal year and a Public Health Nurse traveled to Cumberland House one day per week for several months to address the backlog of immunizations. This service will continue as needed.

The region led the province in terms of public health inspection rates in 2004-05. Within Kelsey Trial Health Region, there are 952 regulated facilities.

Facility	Number of Facilities	Percentage Inspected
Food Eating Establishment	259	100.0%
Food Processing (Licensed)	25	96.0%
Licensed Accommodations	154	100.0%
Swimming Pools/Water Themes	22	100.0%
Public Water Supplies	139	99.0%

In addition to formal inspections, 1206 field visits were conducted to ascertain standards compliance and ensure no health hazards existed. An additional 1812 related consultations and 38 plan reviews/approvals occurred. Previously, facilities identified as "low risk" to public health (facilities that were not governed by a specific regulation, did not legally require an annual inspection and did not require the issuance of a license by public heath to operate) were temporarily removed from scheduled public health inspections due to work demand and time restraints. This year, these facilities were reinstated into scheduled inspections as the result of the successful recruitment of an additional public health inspector through the support of extra provincial funding

Tobacco inquiries in the 2005-06 fiscal year resulted in a recorded 153 related consultations, seven complaints and 587 field visits for tobacco education and compliance audits. The majority of facilities and premises in the region are complying. 17 tickets were issued for Tobacco Control Amendment Act infractions in 2005-06.

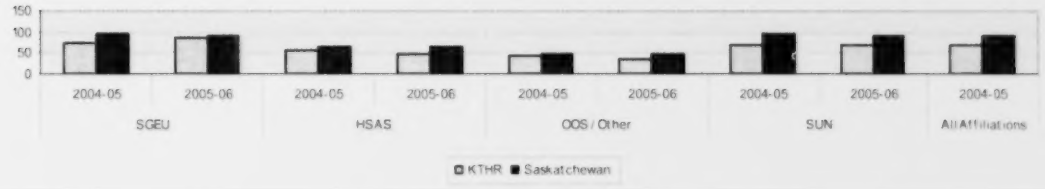
Refer to applicable Program-Specific listed on page 73

Goal 3: Retain, recruit and train health providers

To ensure residents have access to safe, quality health care the region relies heavily on the ability to retain and recruit skilled health care professionals. Challenges in recruitment place pressure on the organization's capacity to ensure safety and quality, affecting the sustainability of health care services and programs within rural facilities and communities.

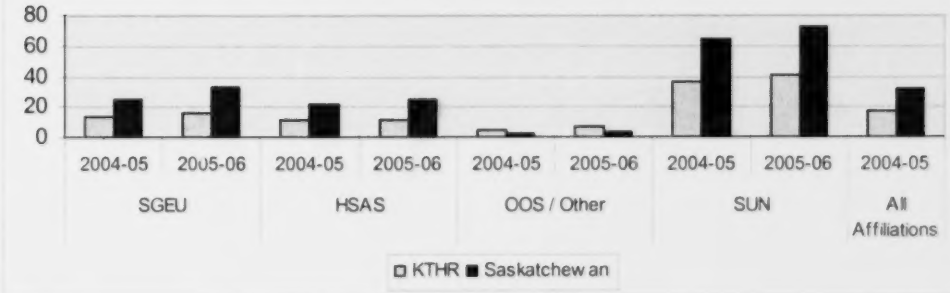
In 2004-05 the region recorded the lowest average in the province for sick leave hours/FTE for all affiliations. In 2005-06 there was an increase in sick leave hours regionally, however; the region remains lower than the provincial average. The region's average (75.27) is the third lowest in the province. Work absence is employee failure to report when scheduled to work. Absence as a result of illness or injury is used as a proxy measure for a healthy workplace.

 # Sick Leave hours per Full Time Equivalent (FTE) by Affiliation 2004-05 and 2005-06

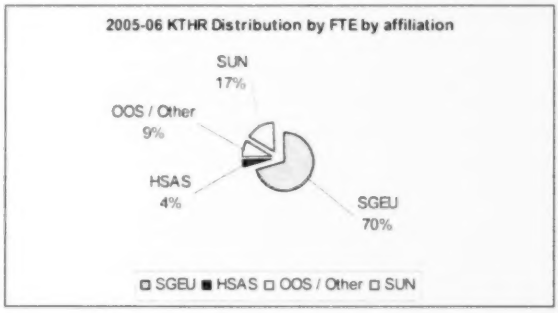


In 2005-06, overtime payments to out-of-scope staff were 7.32 hours/FTE, an improvement over the previous year. The provincial average was 3.17 hours/FTE. Overall, for the second consecutive year, the region rated second lowest in the province in terms of overtime payments to out-of-scope staff (18.54 hours/FTE). The provincial average was 38.06 hours/FTE.

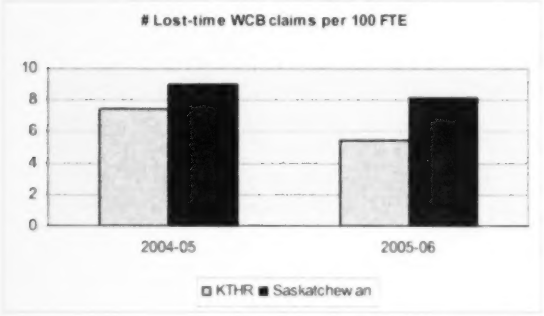
Number wage-driven premium hours (overtime & other premiums) per FTE by affiliation 2004-2005 and 2005-06

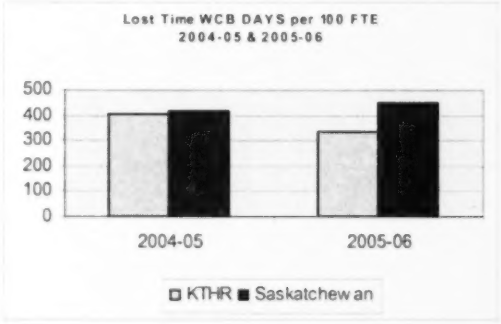


The region experienced an increase of 16.54 FTE's from 2004-05 to 2005-06, a factor which is impacted by an increase in sick time and overtime over the previous year. By affiliation, the following increases occurred: SUN - 1.32 FTEs; SGEU - 6.84 FTEs; HSAS - .74 FTEs; and OOS - 6.90 FTEs.



Between 2004-05 and 2005-06, the region experienced a decrease of 2.01/1000 FTE Worker's Compensation Board (WCB) claims. As a result, the region demonstrated the second lowest rate of lost time claims in the province, supporting the investment in hiring a Workplace Safety Coordinator through funding support from Saskatchewan Health.



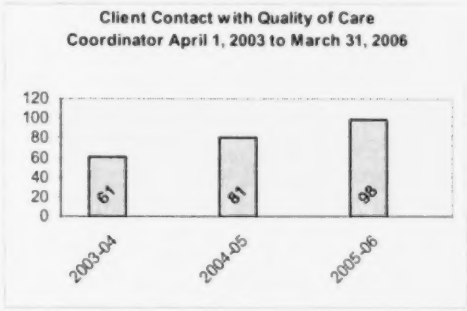


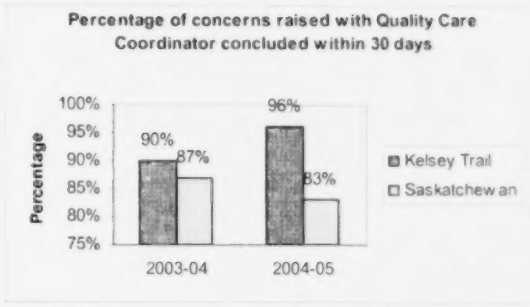
The region experienced a significant reduction in lost-time WCB days over 2005-06 with a decrease of 71.49 days/100 FTE. The reduction indicates the region's return to work, safety programs and duty to accommodate efforts have been effective.

Refer to applicable Organizational Effectiveness areas listed on page 71.

Goal 4: A sustainable, efficient, accountable, quality health system

The region continued the process of addressing efficiencies through development and implementation of the Regional Accountability Framework and new regional organizational structure in 2005. Organizational efficiencies in management have resulted in moving closer to achieving the goal of regionalization. Through the Regional Accountability Document, Regional Director roles were further implemented. The result has been a shift in management roles and responsibilities to provide departments with a regional focus and to promote consistency and best practice.

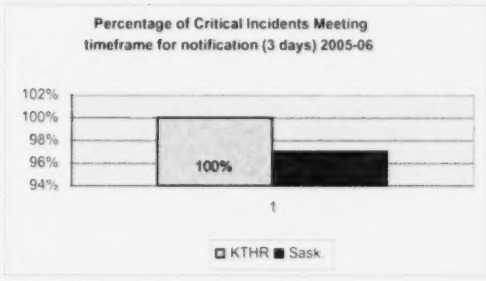




A regional Quality of Care Coordinator (QCC) handles concerns or complaints regarding services provided by the RHA. This measure is indicative of the number of clients who contact the QCC to report one or more concerns. There has been an increase in the number of client contacts made with the regional Quality of Care Coordinator indicating enhanced client awareness of the service. During 2005-06 the region responded to 98 client contacts – an increase from the previous year.

In 2004-05, 96% of client concerns were resolved in less than 30 days. Regionally, the percentage of concerns raised and concluded within 30 days improved by 6% over 2003-04.

In 2005-06, 100% of critical incidents in the region met the timeframe for notification (3 days) as compared to 96.9% provincially.



"Critical incidents" are defined as serious adverse health event including, but not limited to the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a RHA or health care organization

Key activities undertaken to address pubic confidence in the health region include quarterly distribution of a stakeholder newsletter, initiation of a staff newsletter, CEO/staff meetings, focus group consultations, presentations to various stakeholder groups and organizations, distribution of RHA meeting highlights and regular news releases and media updates. Strengthening and enhancing internal and external communications is an ongoing goal of the region.

Refer to applicable Organizational Effectiveness areas listed on page 71.

Financial Summary

After operating with a deficit of approximately $1 million for the previous two years, the region had revenues of $78,664,648 and expenses of $78,565,532 to realize a modest budget surplus of $99,116 for the fiscal year ended March 31, 2006. The region planned a budget deficit of $489,017 in 2005-06, concluding the year with a positive variance from budget of $588,133. A

balanced budget was achieved as the result of several initiatives, including participation in the Deloitte Resource Optimization Review, undertaken to move toward regionalization of services and programs. Through collaboration with Saskatchewan Health, specific operating pressures were identified and addressed through an adjustment to the region's base operational funding. In order to ensure long-term sustainability, the region's financial viability must continue to take top priority. Additional strategies are being developed to achieve a balanced budget in 2006-07 and move in the direction of long-term sustainability and fiscal efficiency.

The region's working capital ratio, which represents the ability of the health region to use current assets to cover current liabilities, was 1.31 in 2005-06 as compared to 1.41 in the previous year. The region has 1.31 times more current assets than current liabilities. Despite the slight decrease over the previous year, the current rate indicates the region is in a relatively stable financial position.

The current ratio of -6.68 days is an improvement over the previous rate of -7.21 in terms of the number of days the region is able to operate with working capital however; the negative figure indicates room for improvement. Realistically, the region could not operate on working capital alone.

In 2005-06, the region reported a surplus of $99,116 which represents 0.1% of actual operating expenditures. This is a significant improvement over the previous fiscal year in which a $1,072,577 deficit, representing 1.5% of actual operating expenditures, was reported. Working with Saskatchewan Health to address specific operating pressures, the region was able to achieve a modest surplus this year while maintaining efficient, effective, quality services. As the region continues its efforts toward regionalization, increasing efficiencies are being realized.

Future Outlook/Emerging Issues

In 2006-07, the region will continue to work in collaboration with Saskatchewan Health to undertake initiatives designed to achieve a balanced budget. The RHA anticipates the sparse population will remain a challenge and recognizes that the region must continue to provide access to health care services to all residents as close to home as reasonably possible despite geographical barriers. A $99,116 budget surplus in 2005-06 puts the region in a satisfactory position at the beginning of the 2006-07 budgeting process and provides modest opportunities for re-investment.

No significant change in the region's economy is anticipated. The regional economy is reflected in the region's ability to provide health care services and programs into the future.

The recruitment of physicians and other health care professionals is ongoing. The region is no longer recruiting for a full-time pathologist as the result of service changes to the provision of this service, which will continue to be provided through a contract arrangement with a neighboring RHA.

The health status of the residents of the region suggests ongoing need for population health promotion, prevention and chronic disease management. The percentage of the population considered overweight or obese is higher than provincial and the national averages. The region has the fourth highest rate of diabetes behind only the three northern regions, the second highest rate of cardiovascular disease and the highest rate of respiratory disease in the province. Focusing efforts on prevention and population heath promotion will target reductions in the incidents of chronic disease in the future and decrease the risk of premature deaths among the population. Nonetheless, the number of residents relying on the region's resources to manage chronic disease in the future will be significant and must be given consideration for long-term planning.

Major Initiatives

In 2005-06, Kelsey Trail Health Region recruited a Chief Executive Officer following the June 2005 retirement of the previous CEO. In March of 2006, the Chief Executive Officer resigned. An interim replacement has been appointed.

Through development and implementation of the new Regional Accountability Framework, the region continued with re-organization of its senior management team and committee structure to further reflect regionalization. Recommendations of the Deloitte Resource Optimization Review targeted review of out-of-scope personnel and defined changes in staff levels. Opportunities for future realignment of services were identified and implementation has begun.

A second Nurse Practitioner joined the Arborfield/Carrot River/Zenon Park Primary Health Care Team.

A ***Making the Most of the Early Years*** Conference with Dr. Rossetti, a world-renowned expert on children's language development, was organized by an Intersectoral Early Childhood working group and held in April 2005. Presentations were informative and inspirational. An Early Childhood Working Group was established and is an ongoing goal of the region.

A Multidisciplinary Regional Working Group for Arthritis was established in June 2005. The Arthritis Working Group includes Nurse Practitioners, Occupational Therapists, Physiotherapists, Community Health Services Managers and a Pharmacist.

Kelsey Trail Health Region supports two proposals for the HQC Innovation Fund projects submitted by Saskatoon Health Region: 1) A Coordinated Approach to Helping Patients Manage Their Risk Factors for Coronary Artery Disease; and 2) Improving Compliance and Satisfaction in Patients with Obstructive Sleep Apnea (OSA). Follow-up with the Patient Education Department in Saskatoon will determine how the region can implement tools used in the Coronary Artery Disease project. The region surveyed physicians and Nurse Practitioners regarding patients with Obstructive Sleep Apnea, a project that is in progress. Potential issues in the care and treatment of Obstructive Sleep Apnea are being examined.

Parkland Place participated in the HQC Skin and Wound Care Pilot project. The project provided user-friendly, evidence-based guidelines to help providers prevent, assess, and manage pressure ulcers. Due to the significant reduction in pressure sores at Parkland Place, the guidelines will be implemented across the region.

Regionally, 29.2 % of institutional supportive care residents have some degree of pressure sores, higher than the provincial comparison of 22.2%. Of those, 91% were grade 1 and 2 while 9% were considered grade 3 and 4 The increase is attributed to enhanced awareness resulting in improved reporting of pressure sores.

Funding through the Premier's Project Hope, intended to reduce substance use and increase mental well-being, facilitated the hiring a Population Health Educator. The Population Health Educator uses a population health model to implement programs addressing determinants of health. A Regional Drug Strategy will be developed, using the population health approach and the four pillars of the Health Promotion Strategy as its framework.

The region is a partner in the development of the Tisdale Home Support Cooperative project, funded by a grant from Saskatchewan Rural Development. The goal of the Cooperative is to provide social and practical support services for seniors.

Emergency Medical Services (EMS) commissioned three additional First Responder groups in the communities of Battle Heights, Porcupine Plain and Hudson Bay in 2005-06. An additional 43 responders were trained to complement existing groups.

Seven new Public Access Defibrillation (PAD) programs were commissioned within the region and one was commissioned on the border just outside of the region.

Benchmark indicators for EMS performance for 2005-06 indicate an improvement over the previous year. Indicators for emergency calls are as follows:

- Average Alert Time: 0:36 (time of telephone call to time of crew alert)
- Average Chute Time: 4:01 (time of crew alert to time crew is responding)
- Average Response Time (in community): 2:47 (time crew is responding to time crew is on scene)
- Average Response Time (out of community): 1 minute/mile of roads traveled
- Total Average Time of Response (in community): 7 minutes, 24 seconds (average time from the point a patient call 911 to the point that the ambulance arrives at scene). Reliability is tracked at 90%.

As the accountable partner, the region oversees management of the targeted *KidsFirst* program in Nipawin. This program served an average caseload of 56 families at the end of its fifth year, focusing on the needs of vulnerable families in the Town of Nipawin.

The region is the accountable partner for an intersectoral project entitled "Understanding the Early Years (UEY)", a federal government initiative to help provide children with the best possible start in life. UEY presents communities with information on the "readiness to learn" of children, the family, community factors that influence child development, and local support resources for young children and their families. KTHR is the third UEY site in Saskatchewan and will receive $600,000 in funding over the next three years.

The region is in the second year of a five-year study conducted by the Northern Antibiotic Resistance Partnership on Methicillin Resistant Staphylococcus Aureus (MRSA) in the Nipawin, Lac La Ronge, Shoal Lake, Red Earth and Cumberland House areas. The study identifies factors which could be modified to reduce the incidence of bacterial antibiotic resistance.

According to regional statistics, most reported communicable diseases are within the same range as the previous few years with the exception of Methicillin Resistant Staphylococcus Aureus (MRSA) and Chlamydia. MRSA is the major reportable infection in the region. Among a reported 176 MRSA cases, 108 (61%) were within the region while the remaining were from neighboring First Nations communities. The majority of reported cases were community-acquired.

Chlamydia was the most reported Sexually Transmitted Infection (STI). It is estimated Sexually Transmitted Diseases (STD's) and enteric diseases are in the same range compared to the previous year. No vaccine preventable diseases are reported except influenza.

Arborfield Special Care Lodge is a participant in a year-long HQC project to improve management of seniors' drug treatment. At the conclusion of the initiative, HQC will report results, highlighting the strategies and tools that proved most effective in improving drug management, patient safety, and quality of life for long-term care residents.

Short-term acute, mental health and end-of-life Home Care programs commenced in 2005. The Mental Health Home Care program uses Community Mental Health Nursing and enhanced community support services to ensure client involvement in services preventing admission and

quick response upon discharge from acute psychiatry. Uptake on short-term acute home care has been minimal and improvement strategies will be developed

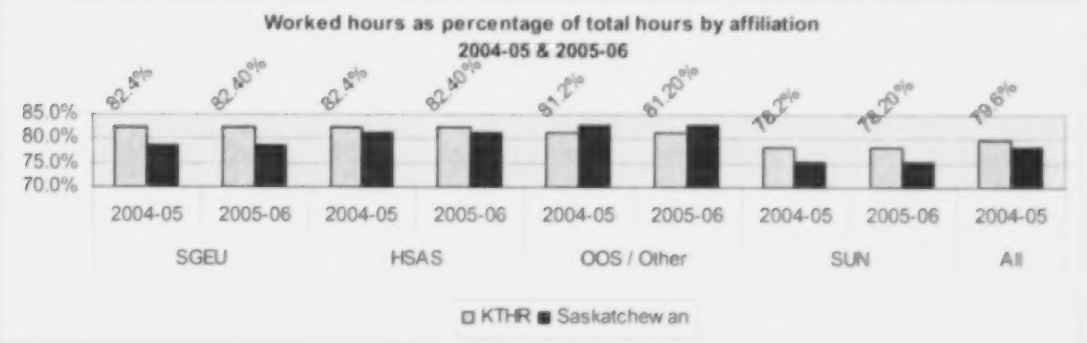
As legislated, in 2005-06 the region began implementation of Standardized Safety Engineered Sharps Devices (SESD) with a goal of completion by July 1, 2006.

The region has been a supportive partner of the Northern Health Strategy (NHS) since November 2002, working collaboratively to improve the health status of all residents of northern Saskatchewan. As a partner, the region continues participation in the second year of a two-year Shared Paths Project, funded through the Federal Primary Health Care Transition Fund (Aboriginal envelope). In December 2005, the NHS Shared Paths project received a six month extension to September 2006. The project provides increased opportunities and resources for staff of various agencies and partners to network and determine future opportunities to work in collaboration. A final report will be presented in September 2006.

More than 49% of health region employees took part in the Provincial Employee Opinion Survey in 2005, higher than the 41% average provincial participation rate. Physical environment and safety, work practice and team work were the highest rated topic areas by the region's employees. The greatest opportunities for improvement were in the creation of learning environments and organizational commitment. The Regional Quality Health Workplace Advisory Committee is analyzing survey results and making recommendations to address the enhancement of workplace environments for employees.

Participation in the Provincial Patient Experience Survey and the June 2005 report indicate the region is among the top three in the province in terms of patient satisfaction with health care experiences. The region was among the top scorer in five of nine categories including Overall Doctor Care, Responsiveness, Provider-Patient Communication, Respect & Courtesy and Overall Impressions. The report also identified areas for improvement.

For the second consecutive year, the region recorded the highest percentage of worked hours as a percentage of total hours by affiliation. In 2005-06, the region recorded a total of 80.4% as compared to the provincial average of 79.32%. For the second consecutive year, all in-scope percentages were higher than the provincial average. By affiliation, SGEU recorded 80.2%, HSAS was 83.1%, OOS/Other was 84.3% and SUN recorded 78.4%.



Emerging Issues

The early childhood team caseload continues to increase, indicating a need for enhanced early childhood resources in the region. The result is assessment-only and very limited therapeutic work time. Focused service would be an effective prevention strategy.

Over 75% of visits to the Emergency Outpatient Department (EOPD) in 2005-06 were classified as non-urgent, scheduled or follow-up visits, suggesting physician shortages are resulting in greater use of the EOPD and/or a need for increased education on appropriate use of emergency rooms. Of the total 49,324 EOPD visits to district and community hospitals in the region, 2.3% were emergent visits, 20% were deemed urgent visits and the remaining 77.7% were non-urgent, scheduled or follow-up visits.

Mental Health and Addiction Services completed an external review in 2005. The review process was lead by the Community Care Branch of Saskatchewan Health. The review, entitled *Becoming a Model for Mental Health and Addiction Services Delivery in Rural Areas, A Vision for the Future,* was completed over a 10-month period beginning December 2004 and focused on obtaining information from various stakeholders and asking questions about community expectations for service delivery. Recommendations from the review form the basis of a five-year strategic plan for program development involving a gradual increase of mental health funding and staffing to meet provincial standards and regional needs.

Routine sampling of public water supplies has been severely reduced due to the application of laboratory fees in July 2004. Fees implemented by the Provincial Lab ($21.40) resulted in billing of all submissions. The regional program is granted one sample per year without charge if collected in association with an annual inspection or an outbreak investigation. Samples collected through the regional program and public water operators totaled 388, down 19% (90 samples) from the previous year. Public swimming pools were sampled 121 times, a decrease of 34% (62 samples), primarily due to a reduction in required samples. In bottled water facilities, 32 samples were collected and submitted, a 47.5% (29 samples) decrease.

A pandemic influenza outbreak, major flu outbreak or any natural disaster that significantly impacts the region's employees will have a significant effect on long-term operational viability. The region has limited financial resources set aside to address either the economic or social impact expected to result.

Two institutional outbreaks and a total of 28 lab confirmed cases of Influenza A & B were reported in the region in 2005-06 . Among regional staff, flu shots are offered at no charge however, the number of staff choosing to have the flu shot declined from the previous year. Encouraging increased responsibility for voluntary influenza immunization among health care workers will minimize institutional outbreaks. Between February and April more vigilant surveillance and infection control will be implemented.

The acuity and complexity of the region's Home Care clients with different central intravenous lines, complicated wounds, various types of stomas and chronic diseases requiring monitor and follow-up is increasing in relation to early discharge from acute care facilities. Compared to ten

years ago, clients with dementia have deteriorated to a greater degree when presenting for service. Clients with high support needs admitted into long-term care ten years ago are now being maintained at home, placing greater pressure and demand on home care services and personnel.

Inpatient and outpatient therapy visits continue to increase with 5,517 inpatient visits and 24,267 home/outpatient visits to all three therapy services, including occupational, physical and Acquired Brain Injury/Speech Language Pathology. The Therapy Department is concerned with growing waiting lists for outpatient therapy services in all locations and disciplines in the region. Referrals are prioritized according to acuity therefore; some clients wait up to seven months to be seen.

A revised Community Health Advisory Network (CHAN) system, to be implemented early in 2006-07, is expected to assist in addressing public concern with the draft strategic plan and the strategic planning process. Shortly after the departure of the CEO, the public level of skepticism and distrust of the RHA peaked. The recommendations of an external consultant engaged to review the draft strategic plan, in combination with the implementation of the CHAN's, will begin the process of rebuilding a relationship of credibility, trust and respect with the public through increased opportunities for dialogue and consultation with stakeholders.

Public expectation surrounding the delivery of health care services is high. Opportunities for education surrounding the impact additional health funding has on the operation of the health region must continue.

The region's ability to fill vacancies as the result of anticipated future retirements will be dependent on several factors, including working in collaboration with the provincial Health Human Resources Plan. Recruitment and retention require creative solutions in order to sustain and enhance regional programs and services. Prospects for the ongoing provision of services in rural, northern and remote locations, where recruitment is increasingly challenging, are expected to result in changes to service delivery in those locations in the future.

At 1.8%, the percentage of the region's workforce self-identifying as Aboriginal is a relatively low figure considering approximately 9% of the region's population resides in First Nation communities. The importance of the movement toward Representative Workforce is evident when considering the current and projected increases in the region's Aboriginal population and the average age of the region's existing workforce.

Capital equipment needs for the region are significant. Working collaboratively with Regional Directors, managers and staff, the region will prioritize urgent needs integration into a financially workable capital budget which will be shared with regional Foundations and Trust Committees. Moving toward increased integration of technology will assist in mitigating pressure in the areas of aging infrastructure and human resources but will require significant long-term investments by the region.

Management Report

July 14, 2006

KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepting Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Joe Kirwan
Interim Chief Executive Officer

Shane Merriman
Chief Financial Officer

Neumann & Neumann
Chartered Accountants

To the Board of Directors
Kelsey Trail Regional Health Authority

AUDITORS' REPORT

We have audited the Statement of Financial Position of the **Kelsey Trail Regional Health Authority as at March 31, 2006** and the Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Kelsey Trail Regional Health Authority as at March 31, 2006 and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered

Accountants
Nipawin, Saskatchewan
May 19, 2006

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2006

Statement 1

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2006	Total 2005 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 4,461,714	$ 2,090,096	$ 2,241,336	$ 8,793,146	$ 9,529,193
Accounts receivable					
Saskatchewan Health - General Revenue Fund	2,100,428	151,184	-	2,251,612	312,165
Other	885,365	127,420	-	1,012,785	1,053,389
Inventory	422,230	-	-	422,230	816,874
Prepaid expenses	639,153	-	-	639,153	349,341
	8,508,890	2,368,700	2,241,336	13,118,926	12,060,962
Investments (Market $1,228,713: 2005 - $1,395,314)	32,112	530,901	604,666	1,167,679	1,299,606
Other Assets	29,171			29,171	35,669
Capital assets (Note 3)	-	48,352,516	-	48,352,516	51,095,832
Total Assets	$ 8,570,173	$ 51,252,117	$ 2,846,002	$ 62,668,292	$ 64,492,069
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 293,281	$ 21,598	$ -	$ 314,879	$ 1,726,167
Accrued salaries	3,991,363	-	-	3,991,363	1,700,976
Vacation payable	4,941,295	-	-	4,941,295	4,465,906
Mortgages payable – Current (Note 5)	-	368,092	-	368,092	347,634
Deferred Revenue (Note 6)	385,179	-	-	385,179	292,484
	9,611,118	389,690	-	10,000,808	8,533,167
Long Term Liabilites					
Long Term Leases Payable	-	-	-	-	-
Mortgages payable (Note 5)	-	9,965,728	-	9,965,728	10,349,053
Total Liabilities	9,611,118	10,355,418	-	19,966,536	18,882,220
Fund Balances (Statement 2)					
Invested in capital assets	-	38,018,698	-	38,018,698	40,399,145
Externally restricted (Schedule 3)	-	1,041,946	2,846,002	3,887,948	4,552,982
Internally restricted (Schedule 4)	-	1,836,054	-	1,836,054	1,696,599
Unrestricted	(1,040,945)	-	-	(1,040,945)	(1,038,877)
Fund balances – (Statement 2)	(1,040,945)	40,896,699	2,846,002	42,701,756	45,609,849
Total Liabilities & Fund Balances	$ 8,570,173	$ 51,252,117	$ 2,846,002	$ 62,668,292	$ 64,492,069

Approved on behalf of the board of directors:

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS ANS CHANGES IN FUND BALANCES
For the Year Ended March 31, 2006

Statement 2

	Operating Fund			Restricted			
	Budget 2006	2006	2005 (Note 10)	Capital Fund 2006	Community Trust Fund 2006	Total 2006	Total 2005 (Note 10)
REVENUES							
Saskatchewan Health - General Revenue	$ 65,833,207	$ 68,882,113	$ 61,670,835	$ 1,151,342	$ -	$ 1,151,342	$ 1,843,953
Other Provincial Revenue	300,848	269,577	261,978	359,454	-	359,454	429,650
Federal Government Revenue	30,394	28,184	31,509	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	674,243	653,529	624,273	-	-	-	-
Patient Fees	7,364,904	7,420,438	6,966,211	-	-	-	-
Out of Province Revenue (Reciprocal)	258,348	355,914	263,658	-	-	-	-
Out of Country Revenue	15,710	49,675	20,764	-	-	-	-
Donations	30,000	28,218	28,285	278,402	147,895	426,297	724,961
Investment Revenue	125,000	178,047	118,708	95,713	129,244	224,957	151,793
Ancillary Revenue	485,760	448,233	551,569	95,686	-	95,686	23,940
Recoveries	282,256	296,158	313,312	-	-	-	-
Other Revenue	37,900	54,562	75,627	-	-	-	-
	75,438,570	78,664,648	70,926,729	1,980,597	277,139	2,257,736	3,174,297
EXPENSES							
Province Wide Acute Care Services	542,958	527,800	571,678	-	-	-	-
Acute Care Services	25,710,441	26,910,734	25,105,341	1,935,687	-	1,935,687	2,108,243
Physician Compensation - Acute	1,145,034	1,030,990	1,211,617	-	-	-	-
Supportive Care Services	26,546,786	28,314,373	25,458,912	2,841,515	-	2,841,515	2,357,897
Home Based Service - Supportive Care	4,987,627	4,788,171	4,312,642	10,246	-	10,246	10,988
Population Health Services	2,373,938	2,348,345	2,400,772	34,944	-	34,944	38,833
Community Care Services	3,399,285	3,432,748	3,056,524	93,286	-	93,286	93,627
Home Based Services - Acute & Palliative	450,644	434,930	401,517	-	-	-	-
Primary Health Care Services	2,447,852	2,221,421	1,866,561	36,293	-	36,293	47,995
Emergency Response Services	2,323,570	2,398,640	2,145,734	54,121	-	54,121	13,366
Mental Health Services (inpatient only)	-	-	-	-	-	-	-
Addictions Services (inpatient only)	-	-	-	-	-	-	-
Physician Compensation - Community	1,574,267	1,673,727	1,426,461	-	-	-	-
Program Support Services	3,848,266	3,918,791	3,463,768	213,270	-	213,270	116,831
Special Funded Programs	576,919	564,862	577,779	-	-	-	-
Ancillary	-	-	-	-	45,583	45,583	31,620
Total Expenses (Schedule 1)	75,927,587	78,565,532	71,999,306	5,219,362	45,583	5,264,945	4,819,400
Excess (Deficiency) of revenues over expenses	$ (489,017)	99,116	(1,072,577)	(3,238,765)	231,556	(3,007,209)	(1,645,103)
Fund Balances, beginning of year		(1,038,877)	129,857	43,839,750	2,808,976	46,648,726	48,197,672
Interfund transfers (Note 14)		(101,184)	(96,157)	295,714	(194,530)	101,184	96,157
Fund balances, end of year		$ (1,040,945)	$ (1,038,877)	$ 40,896,699	$ 2,846,002	$ 43,742,701	$ 46,648,726

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2006

Statement 3

	Operating Fund		Restricted Fund			
	2006	2005 (Note 10)	Capital Fund	Community Trust Fund	Total 2006	Total 2005 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ 99,116	$ (1,072,577)	$ (3,238,765)	$ 231,556	$ (3,007,209)	$ (1,645,103)
Net change in non-cash working capital (Note 7)	(198,598)	2,326,104	(141,732)	-	(141,732)	491,476
Amortization of capital assets	-	-	4,606,317	-	4,606,317	4,105,466
Investment income on long-term investments	-	-	-	-	-	-
(Gain) loss on disposal of capital assets	-	-	4,000	-	4,000	-
	(99,482)	1,253,527	1,229,820	231,556	1,461,376	2,951,839
Purchase of capital assets						
Buildings construction	-	-	(434,325)	-	(434,325)	(593,894)
Equipment	-	-	(1,432,676)	-	(1,432,676)	(402,617)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Proceeds (Purchase) of long-term investment	150,236	(132,348)	(9,540)	(8,769)	(18,309)	(41,183)
	150,236	(132,348)	(1,876,541)	(8,769)	(1,885,310)	(1,037,694)
Repayment of debt	-	-	(362,867)	-	(362,867)	(314,042)
Net increase (decrease) in cash & short term investments during the year	50,754	1,121,179	(1,009,588)	222,787	(786,801)	1,600,103
Cash & short term investments, beginning of year	4,512,144	3,487,122	2,803,970	2,213,079	5,017,049	3,320,789
Interfund transfers (Note 14)	(101,184)	(96,157)	295,714	(194,530)	101,184	96,157
Cash & short term investments, end of year (Schedule 2)	**$ 4,461,714**	**$ 4,512,144**	**$ 2,090,096**	**$ 2,241,336**	**$ 4,331,432**	**$ 5,017,049**
Amounts in cash balances						
Cash & short term investments	**$ 4,461,714**	**$ 4,512,144**	**$ 2,090,096**	**$ 2,241,336**	**$ 4,331,432**	**$ 5,017,049**

(See accompanying notes to the financial statements)

Kelsey Trail Regional Health Authority
Notes to the Financial Statements
For the Year Ended March 31, 2006

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Kelsey Trail Regional Health Authority was created by the Act. The Kelsey Trail Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Kelsey Trail Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Hudson Bay & District Assessment and Resource Service Society Inc.
Pine Island Outpatient Centre
Nipawin Oasis Community Centre Co-operative Ltd.
Canadian Mental Health Association (Saskatchewan) Inc.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Quill Plains Ambulance Care Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

2. Significant Accounting Policies – continued

b) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information of the Foundations.

c) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for the construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

2. Significant Accounting Policies - continued

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and

investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in the pre-amalgamation agreements between the RHA and the health corporations.

d) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

e) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on a weighted average cost basis.

2. Significant Accounting Policies – continued

g) Investments

Investments are valued at the lower of cost or market value.

h) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

i) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	March 31, 2006			March 31, 2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 639,590	$ -	$ 639,590	$ 639,591
Land improvements	631,157	518,359	112,798	5,501
Buildings	88,074,383	44,830,203	43,244,180	45,910,617
Equipment	25,396,507	21,106,061	4,290,446	4,476,726
Construction in progress	65,503	-	65,503	63,397
	$ 114,807,139	$ 66,454,623	$ 48,352,516	$ 51,095,832

4. Commitments

As at March 31, 2006, commitments for acquisition of capital assets were $0 (2005 - $0).

5. Mortgages Payable (in dollars)

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Hudson Bay Health Care Facility C.M.H.C., due December 1, 2016	5.375%	$10,350 Principal & interest	84,622	90,309
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	28,051	28,906
Rose Valley Health Centre C.M.H.C., due October 1, 2021	4.54%	$43,335 Principal & interest Of which $11,063 is subsidized by SHC. Yielding an effective interest rate of 3.38%. Mortgage renewal date – February 1, 2015.	484,698	505,713
Newmarket Manor C.M.H.C., due March 1, 2023	4.54%	$160,042 Principal & interest Of which $41,658 is subsidized by SHC. Yielding an effective interest rate of 3.36%. Mortgage renewal date – February 1, 2015.	1,898,879	1,971,709
Sasko Park Lodge C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	102,026	104,979
Kelvindell Lodge C.M.H.C., due October 1, 2020	5.140%	$37,003 Principal & interest Of which $11,621 is subsidized by SHC. Yielding an effective interest rate of 3.53%. Mortgage renewal date – December 1, 2013.	380,353	397,530
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest	424,300	432,059
Red Deer Nursing Home C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	162,592	167,716
C.M.H.C., due February 1, 2027	5.05%	$60,364 Principal & interest Of which $48,000 is subsidized by SHC. Yielding an effective interest rate of 1.03%. Mortgage renewal date – March 1, 2007.	782,394	803,084
Pasquia Special Care Home C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	255,984	261,369
Arborfield Special Care Lodge C.M.H.C., due September 1, 2021	4.54%	$113,245 Principal & interest Of which $33,189 is subsidized by SHC. Yielding an effective interest rate of 3.21%. Mortgage renewal date – February 1, 2015.	1,261,898	1,317,021

5. Mortgages Payable – continued

Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	184,845	193,026
C.M.H.C., due January 1, 2017	4.17%	$71,457 Principal & interest Of which $30,421 is subsidized by SHC. Yielding an effective interest rate of 2.39%. Mortgage renewal date October 1, 2015.	582,211	620,691
C.M.H.C., due April 1, 2025	4.17%	$159,765 Principal & interest Of which $120,000 is subsidized by SHC. Yielding an effective interest rate of 1.04%. Mortgage renewal date October 1, 2015.	1,887,391	1,942,541
Chateau Providence				
C.M.H.C., due October 1, 2026	4.97%	$101,521 Principal & interest Of which $84,000 is subsidized by SHC. Yielding an effective interest rate of 0.86%. Mortgage renewal date December 1, 2006.	1,312,073	1,348,068
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	501,503	511,966
			10,333,820	10,696,687
Less: Current portion			368,092	347,634
			$9,965,728	$10,349,053

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security.

Principal repayments required in each of the next five years are estimated as follows:

2007	$ 368,092
2008	387,635
2009	411,708
2010	433,798
2011	458,322
2012 and subsequent	8,274,265
	$ 10,333,820

6. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health General Revenue Fund				
Professional Development Funding	$ 40,442	$ (30,438)		$ 10,004
Computers Sask Immunization (SIMS)			9,000	$ 9,000
HealthLine			7,500	$ 7,500
Short Term Acute End of Life			21,000	$ 21,000
Needlestick Funding			38,564	$ 38,564
Project Hope		(20,088)	35,000	$ 14,912
Quality Health Workplace	64,525	(55,764)		$ 8,761
HIPA	20,850	(3,438)		$ 17,412
Tobacco Control	3,305	(2,127)		$ 1,179
Population Health Promotion	9,255	(3,161)		$ 6,095
Primary Health Services	100,000	(529,343)	619,450	$ 190,107
Total Sask Health	**$ 238,377**	**$ (644,358)**	**$ 730,514**	**$ 324,533**
Non Sask Health Initiatives				
Acquired Brain Injury	34,107	(35,256)	36,320	35,171
Assemblee Communautaire Fransaskoise		(1,740)	8,000	6,260
Kids First - Targeted	-	(494,477)	495,760	1,283
Kids First - Non-Targeted		(61,867)	64,800	2,933
Aboriginal Funding	20,000	(5,000)		15,000
Total Non Sask Health	**$ 54,107**	**$ (598,340)**	**$ 604,880**	**$ 60,647**
Total Deferred Revenue	**$ 292,484**	**$ (1,242,699)**	**$ 1,335,394**	**$ 385,179**

Restricted funding related to general operations from Saskatchewan Health – General Revenue Fund is recorded as revenue as the related costs are incurred.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
(Increase) Decrease in accounts receivable	$ (1,804,430)	$ 1,759,232	$ (87,915)	$ -	$ (87,915)	$ 587,231
(Increase) Decrease in inventory	394,644	175,866	-		-	
(Increase) Decrease in prepaid expenses	(289,812)	86,474	-		-	
Increase (Decrease) in accounts payable	(1,357,471)	507,429	(53,817)		(53,817)	(95,755)
Increase (Decrease) in accrued salaries	2,290,387	(618,060)			-	
Increase (Decrease) in vacation payable	475,389	335,141			-	
Increase (Decrease) in deferred revenue	92,695	80,022			-	
	$ (198,598)	$ 2,326,104	$ (141,732)	$ -	$ (141,732)	$ 491,476

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2006 was $74,981 (2005 - $86,309). The cash and equivalent trust liability are not reflected in these financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. Related Parties - continued

	2006	2005
	$ -	$ -
Expenditures		
Sask Energy Incorporated	$967,040	$894,782
Sask Power Corporation	940,087	935,186
Sask Property Management Corporation	528,404	434,451
Sask Tel	496,798	455,077
Sask Workers Compensation Board	1,034,719	1,097,023
SAHO	8,182,042	7,110,233
	$ 12,149,090	$ 10,926,752
Accounts Receivable		
Sask Health	2,100,428	
	$ 2,100,428	$ -
Prepaid Expenditures		
Workers Compensation	$ 268,812	$ 286,718
	$ 268,812	$ 286,718
Accounts Payable		
	$ -	$ -

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

9. Related Parties - continued

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2006	2005
Hudson Bay & District Assessment and Resource Service	$64,243	$79,763
Pine Island Outpatient Centre	119,796	119,796
Nipawin Oasis Community Centre Co-operative Ltd.	23,166	6,600
Canadian Mental Health Association (Saskatchewan) Inc.	45	6,322
Kelvington Ambulance Care Ltd.	303,939	233,906
Tisdale Ambulance Care Ltd.	360,684	325,377
Shamrock Ambulance Care Ltd.	162,326	147,647
North East EMS	705,815	632,113
Melfort Ambulance Service	359,506	325,417
Quill Plains Ambulance Care Ltd.	56,018	55,890
	$2,155,538	$1,932,831

ii) Fund Raising Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $186,256 (as at March 31, 2005) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $218,125 (2005 - $67,760) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $287,317 (2005 - $443,305) to the RHA.

10. Comparative Information

Certain 2004-05 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $2,883,925 (2005 - $2,742,053) and is included in benefits in Schedule 1.

Effective January 1, 2006, contribution rates are as follows:

6.552% (2005 – 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus

8.232% (2005 – 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

12. Budget

The RHA Board approved the 2005-2006 budget plan on November 29, 2005.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  Cash and short-term investments
  Accounts receivable
  Accounts payable
  Accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year is $10,979,809 (2005 - $11,595,459) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2005 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit in 2006 was $0 (2005 - $0).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2006			2005		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	(68,156)	262,686	(194,530)	(68,335)	96,898	(28,563)
SHC reserves	(39,374)	39,374	-	(39,024)	39,024	-
Mortgage payments	6,346	(6,346)	-	11,202	(11,202)	-
Other	-	-	-	-	-	-
	$ (101,184)	$ 295,714	$ (194,530)	$ (96,157)	$ 124,720	$ (28,563)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $2,846,002 (2005 - $2,808,975) under these agreements. The assets are joint property of the RHA and the community, therefore they are included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2006:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. Jointly, the RHA Board and the Trust Advisory Committee have the power to establish rules and procedures. The joint approval of both the RHA Board and the Trust Advisory Committee is required with respect to any use of the trust fund.

17. Guarantee

The RHA has provided a $100,000.00 guarantee to a financial institution for certain loans granted to North Sask Laundry and Support Services Ltd.

18. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonable determined.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2006

Schedule 1

	Budget 2006	Actual 2006	Actual 2005
Operating:			
Board costs	$ 100,500	$ 109,110	$ 87,972
Compensation - Benefits	9,001,023	9,073,513	8,231,335
Compensation - Salaries	47,912,535	50,625,092	46,085,160
Diagnostic imaging supplies	139,100	97,708	130,303
Drugs	666,150	579,875	624,956
Food	1,558,905	1,662,239	1,513,454
Grants to ambulance services	1,820,357	1,893,380	1,720,351
Grants to third parties	-	-	-
Housekeeping and laundry supplies	226,775	212,251	204,258
Information technology contracts	335,400	331,885	351,663
Insurance	200,300	196,972	208,441
Interest	5,037	3,211	4,989
Laboratory supplies	752,750	851,001	744,228
Medical and surgical supplies	1,505,556	1,645,508	1,316,591
Medical remuneration and benefits	2,947,932	2,876,686	2,489,891
Office supplies and other office costs	327,131	296,567	392,388
Other	1,281,546	1,219,898	1,500,824
Other referred out services	781,264	766,226	779,481
Professional fees	387,740	376,521	357,420
Prosthetics	-	-	-
Purchased services	1,052,403	1,077,632	872,396
Rent/lease costs	607,198	788,167	388,837
Repairs and maintenance	865,854	630,974	677,274
Service contracts	307,326	328,026	291,674
Travel	994,220	856,272	984,980
Utilities	2,150,585	2,066,818	2,040,440
	$ 75,927,587	**$ 78,565,532**	**$ 71,999,306**
Restricted:			
Amortization		$ 4,606,317	$ 4,105,466
Loss/(Gain) on disposal of fixed assets		4,000	-
Other		654,628	713,934
		$ 5,264,945	**$ 4,819,400**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
For the Year Ended March 31, 2006

Schedule 2

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Tisdale Credit Union Limited	$ 4,331,432			
Total Cash & Short Term Investments	$ 4,331,432			
Long Term				
CIBC Dow Jones linked deposit	$ 226,179	02/11/2006		index adjusted with 2.83% guarantee
Province of British Columbia Bonds	909,388	09/01/2008	7.01%	---
Total Long Term Investments	$ 1,135,567			
Total Restricted Investments	**$ 5,466,999**			
Unrestricted Investments				
Cash and Short Term				
Cash on Hand	$ 10,909			
Chequing and Savings:	-			
Tisdale Credit Union	3,927,553			
Nipawin Credit Union	235,167			
Advantage Credit Union	288,085			
	-			
Total Cash & Short Term Investments	$ 4,461,714			
Long Term				
Province of British Columbia Bonds	32,112	09/01/2008	7.01%	---
Total Long Term Investments	$ 32,112			
Total Unrestricted Investments	**$ 4,493,826**			
Total Investments	**$ 9,960,825**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 8,793,146			
Total Long Term	$ 1,167,679			
Total Investments	**$ 9,960,825**			

* Restricted Investments consist of:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2006

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Edith Campbell Bursary	$ 7,500	$ 248	$ 2,500	$ (2,000)	$ -	$ 8,248
Hudson Bay Ambulance	88,576	2,743	-	-	-	91,319
Hudson Bay Health Care Facility	131,699	3,865	14,858	(2,238)	(33,150)	115,035
Kelvindell Lodge	76,788	2,094	9,839	(2,933)	(4,276)	81,513
Kelvington Hospital	110,823	2,806	12,417	(509)	(47,604)	77,933
Margaret Aikenhead Bursary	2,195	84	-	(1,000)	-	1,279
New Market Manor	337,617	10,523	4,780	-	(2,300)	350,619
Pam Worley Bursary	1,108	78	-	-	-	1,186
Pasquia Home Care	219,308	6,732	-	-	(1,587)	224,453
Porcupine Plain Hospital	176,961	5,111	15,543	-	(32,457)	165,158
Ralston Medical Research	592,595	39,607	-	(30,000)	-	602,202
Red Deer Nursing Home	26,243	857	3,916	-	-	31,017
Rose Valley Health Centre	83,009	2,496	-	(1,040)	(3,212)	81,253
Sasko Park Lodge	127,680	3,868	18,854	-	(9,577)	140,825
Tisdale Hospital	679,459	43,414	42,722	(5,863)	(46,035)	713,697
Tisdale Hospital - Dialysis Unit	147,415	4,717	22,465	-	(14,333)	160,263
Total Community Trust Fund	**$ 2,808,976**	**$ 129,244**	**$ 147,895**	**$ (45,582)**	**$ (194,531)**	**$ 2,846,002**

CAPITAL FUND

(in thousands of dollars)

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
SHC						
	$ -	$ -	$ -	$ -	$ -	$ -
	-	-	-	-	-	-
	-	-	-	-	-	-
Total SHC	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER						
Cumberland House Health Center	$ 155,183	$ 115	$ -	$ -	$ -	$ 155,298
Life Safety/Emergency Project	319,921	-	-	-	(144,149)	175,772
Nipawin Hospital/Pineview Lodge Project	94,661	1,428	-	-	(96,089)	-
Other	268,652	199,825	400,000	-	(673,867)	194,610
Parkland Project	345,589	8,874	-	-	(138,372)	216,091
Safer Workplace/Patient Care Project	560,000	-	-	-	(409,825)	150,175
Sask Health - Radiology Equipment	-	-	150,000	-	-	150,000
Total Other	**$ 1,744,006**	**$ 210,242**	**$ 550,000**	**$ -**	**$ (1,462,302)**	**$ 1,041,946**
						-
Total Capital Fund	**$ 1,744,006**	**$ 210,242**	**$ 550,000**	**$ -**	**$ (1,462,302)**	**$ 1,041,946**
TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 4,552,982**	**$ 339,486**	**$ 697,895**	**$ (45,582)**	**$ (1,656,832)**	**$ 3,887,948**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2006

Schedule 4

	Balance Beginning of Year	Investment & Other Income	Annual Allocation (from unrestricted fund)	Operating Expenses	Capital Expenses	Balance End of Year
Capital						
SHC Replacement Reserves						
Arborfield Special Care Home	$ 201,966	$ 5,951	$ -	$ -	$ (33,657)	$ 174,260
Chateau Providence	192,580	9,146	-	-	-	201,726
Hudson Bay Health Care Facility	78,264	2,421	-	-	-	80,685
Kelvindell Lodge	83,805	2,549	-	-	(2,936)	83,418
Newmarket Manor	132,780	4,107	18,000	-	-	154,887
Nirvana Pioneer Villa	151,739	4,309	-	-	-	156,048
Pasquia Special Care Home	28,346	781	5,800	(844)	(3,891)	30,192
Pineview Lodge	83,343	2,349	11,254	-	(25,287)	71,659
Red Deer Nursing Home	102,596	3,173	-	-	-	105,769
Sasko Park Lodge	18,084	464	4,320	(810)	(5,355)	16,704
Total SHC	1,073,503	35,251	39,374	(1,653)	(71,126)	1,075,348
Other Internally Restricted Funds						
Activities-Arborfield Special Care Home	3,977	14,038	-	-	(9,853)	8,162
Activities-Carrot River	12,638	6,731	-	-	(6,304)	13,065
Ambulances	132,194	4,089	30,000	-	-	166,283
Capital	0	172,573	72,355	(2,542)	(168,544)	73,843
Carrot River Furnishing Fund	10,549	350	-	-	-	10,899
Newmarket Manor - Construction	222,210	6,857	-	-	-	229,067
Palliative Home Care	10,996	1,219	-	-	(6,448)	5,767
Parkland	200,000	14,080	-	-	-	214,080
Rose Valley Health Centre	28,243	874	7,774	-	-	36,890
Tisdale Joint Use Facility	2,289	71	290	-	-	2,650
						-
Total Capital	**$ 1,696,599**	**$ 256,132**	**$ 149,793**	**$ (4,195)**	**$ (262,275)**	**$ 1,836,054**
Operating						
Other Internally Restricted Funds						
	$ -	$ -	$ -	$ -	$ -	$ -
	-	-	-	-	-	-
Total Operating	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total Internally Restricted Funds	**$ 1,696,599**	**$ 256,132**	**$ 149,793**	**$ (4,195)**	**$ (262,275)**	**$ 1,836,054**

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. The above schedule shows the changes in these reserve balances during the year.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES

for the year ended March 31, 2006

	2006				2005		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Carol Hayward	$ 23,710	$ 2,897	$ -	$ 26,607	$ 19,036	$ 1,865	$ 20,901
Board Member							
Dale Link	8,145	2,867	-	11,012	6,025	2,280	8,305
Robert R. Cheechoo	7,313	5,851	-	13,164	6,913	4,138	11,051
Bruce Karras [2]	800	19	-	819	4,225	809	5,034
Minnie Deutsch	4,475	537	-	5,012	5,125	844	5,969
Steve Rudy	6,187	1,571	-	7,758	6,434	2,321	8,755
Marion L. Heavin	4,913	346	-	5,259	3,750	583	4,333
Lana Thompson	2,900	1,096	-	3,996	2,525	526	3,051
Kathleen Bedard	4,185	1,339	-	5,524	3,585	1,447	5,032
Harry Palko [3]	-	-	-	-	1,060	467	1,527
Carla Hipkins	4,263	1,474	-	5,737	4,413	2,209	6,622
Darrel Guy	7,725	4,352		12,077	3,225	2,395	5,620
Don DeMarsh	4,613	490	-	5,103	1,750	511	2,261
Cathy Ryan [4]	2,725	1,266	-	3,991	-		-
Total	$ 79,229	$ 24,105	$ -	$ 106,059	$ 68,066	$ 20,395	$ 88,461

(1) Benefits includes employer CPP and all travel time.

(2) Term ended July 1, 2005

(3) Term ended August 6, 2004

(4) Term began July 7, 2005

KELSEY TRAIL REGIONAL HEALTH AUTHORITY

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2006

Schedule 5 (2)

	2006							2005 (Restated)			
					Severance						
Staff	Number of FTE's	Salaries	Benefits and Allowances	Sub-total	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Gordon Denton, CFO	0.3	$ 52,779	$ 9,498	$ 62,279		$	$ 62,279	1	$ 144,723	$	$ 144,723
John Wright, CEO	0.7	87,814	30,807	118,621	0.7	67,093	185,714				
Senior Positions:											
Pam McKay	1	101,331	18,240	119,571			119,571	1	131,426		131,426
VP Institutional & Emergency Care											
Susie Merriman	1	101,331	18,240	119,571			119,571	1	117,810		117,810
VP Finance & Information Services											
Julie Chiarello	1	101,331	18,240	119,571			119,571	1	117,810		117,810
VP Community & Primary Health Care											
Ronnie Harper	1	101,331	18,240	119,571			119,571	1	117,810		117,810
VP Operations Support											
Joe Rebenda	1	101,331	18,240	119,571			119,571	1	117,810		117,810
VP Human Resources											
Dr. Faisal Raja	0.7	55,422	9,976	65,398			65,398				
VP Medical Services & Chief of Staff											
Total	7	$ 702,670	$ 141,481	$ 844,151	1	$ 67,063	$ 911,214	6	$ 777,412	$	$ 777,412

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria retainers per diems, severance pay, non taxable career assistance, education leave allowance and any other direct cash remuneration including sick leave, short-term disability, vacation and differentials.

(2) Benefits and allowances include car allowance, employee taxable education expense, personal allowance, relocation allowance, and RRSPs.

(3) Retired June 30, 2005.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY

SENIOR MANAGEMENT SALARIES, BENEFITS, SEVERANCES, AND SEVERANCE

For the year ended March 31, 2006

Schedule 5(C)

Title	Full-time				Part-time			Contract (Recoverable)			
	Number of FTEs	Salaries	Benefits and Allowances	Subtotal	Number of FTEs	Benefits	Total	Number of FTEs	Amounts Recovered	Severances	Total
Interim Deputy CEO	0.5	$ 85,750	$ 2,500	$ 83,250		$	$ 83,250	1	$ 144,722	$	$ 144,722
Acting Deputy CEO	0.5	87,914	2,664	85,250	0.5	6,543	91,793				
Senior Positions											
Vice President	1	110,333	19,240	110,973			110,973	1	112,400		112,400
VP, Institutional & Emergency Care											
Senior Director	1	110,333	19,240	110,973			110,973	1	112,400		112,400
VP, Finance & Information Services											
Vice President	1	110,333	19,240	110,973			110,973	1	112,400		112,400
VP, Community & Continuing Health Care											
Senior Director	1	110,333	19,240	110,973			110,973	1	112,400		112,400
VP, Operations Support											
Vice President	1	110,333	19,240	110,973			110,973	1	112,400		112,400
VP, Human Resources											
Dir, Clinical Risk	0.5	44,422	1,375	43,536			43,536				
VP, Medical Services & Chief of Staff											
Total	5	$ 749,751	$ 113,499	$ 644,757	0.5	$ 6,543	$ 651,300	5	$ 737,322	$	$ 737,322

(1) Salaries include regular base pay, overtime, lump-sum payments, honoraria, bonuses, vacation pay, non-taxable car benefits, other monetary allowances, and any other direct cash remuneration, including cash taxable benefits, short-term disability, vacation and retirement.

(2) Benefits and allowances include all allowances, employee taxable education expense, personal allowances, insurance allowances, and RRSPs.

(3) Period June 30, 2005

Governance and Transparency

Kelsey Trail Regional Health Authority (KTRHA) was established August 1, 2002 with the proclamation of *The Regional Health Services Act.* At that time, the RHA assumed the operations of the former North Central, North-East, and Pasquia Health Districts.

Twelve (12) members serve the Kelsey Trail Regional Health Authority (KTRHA), as is mandated by *The Regional Health Services Act.* Members of the RHA are appointed by the Minister of Health. Authority members for the 2005-06 fiscal year included: Carol Hayward (chairperson), Dale Link (vice-chair), Robert Cheechoo, Carla Hipkins, Steve Rudy, Minnie Deutsch, Don DeMarsh, Darrel Guy, Kathleen Bedard, Lana Thompson, Marion Heavin and Cathy Ryan.

Kelsey Trail Regional Health Authority members (Back, L-R):Minnie Deutsch, Steve Rudy, Don DeMarsh, Kathleen Bedard, Vice-chair Dale Link, Carla Hipkins, (Front, L-R) Lana Thompson, Marion Heavin, Chair Carol Hayward, Darrel Guy, Robert Cheechoo, and Cathy Ryan (inset).

The RHA operates in accordance with the roles and responsibilities established by Saskatchewan Health in the *Regional Accountability Document.* The RHA is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within the region or any other area directed by the Minister. More specifically, the RHA is responsible for strategic planning, fiscal management and reporting; building and maintaining key relationships with stakeholders; quality management initiatives; monitoring, evaluation and reporting; and monitoring the management and performance of the Authority and the CEO.

The RHA consists of twelve members who function primarily as a "committee-of-the-whole". While there is no formal committee structure within the RHA, ad hoc committees may be organized to deal with specific issues.

The CEO reports directly to the RHA regarding the general and daily operations of the health region. An Executive Management committee, responsible for effective planning, integration and delivery of facility-based and community-based programs and services throughout the region, reports directly to the CEO. Senior Managers report to the Vice-Presidential portfolio they are responsible to.

Transparency and accountability are among the most important goals and objectives of the Regional Health Authority. The RHA takes several different approaches to ensure transparency and accountability and to maintain open dialogue with the public.

- The RHA holds regular monthly meetings open to the public. To provide an opportunity to involve members of the public who may be present, an open forum is a regularly scheduled agenda item. Regular monthly meetings are generally held at the regional office in Tisdale. The RHA makes the effort to occasionally schedule monthly meetings in other communities throughout the region, and additional meetings may be organized according to identified need.

- *Kelsey Trail Regional Health Authority Highlights* are circulated monthly to regional media and staff and focus on the deliberations and activities of the RHA. A quarterly newsletter entitled *Kelsey Trail News* is circulated among stakeholders and staff and may be accessed at the region's public website www.kelseytrailhealth.ca. A quarterly employee newsletter entitled *The Pulse* is circulated among regional staff and is accessible on the region's internal website.

- The RHA posts relevant information regarding its deliberations and activities on its public website. Similar information is posted to the region's internal website, which is only accessible to staff. In 2006-07, the region will be redesigning the Internet and Intranet sites to enhance channels of communication and accessibility.

- The RHA has developed relationships with print and broadcast media within the region who facilitate in the distribution of public information surrounding issues of regional importance and public safety issues.

- The RHA chairperson, CEO and other designated members of the health region are involved in presentations to municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public on an ongoing basis.

- The RHA approves development and distribution of the Annual Report in hard copy format as well as electronically through the region's public website at www.kelseytrailhealth.ca.

- The payee disclosure list is available electronically through the Saskatchewan Health website at www.health.gov.sk.ca. Hard copies of the payee list are available upon request.

Payee List

Public reporting and tabling of the annual payee list holds the Regional Health Authority accountable for the public funds received. The payee disclosure list is provided to the public as a requirement of all Regional Health Authorities, and as part of the commitment of the region to transparency and accountability.

It is important to note that dollar amounts to individuals may include overtime payments; week-end, evening or other shift premiums; other premiums; and reimbursement for out-of-pocket expenses such as meals or travel.

According to *"The Local Authority Freedom of Information and Protection of Privacy Act"* employee salaries are not considered personal information, and are not exempt from public disclosure.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2006

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

AASEN, TAMMY	56,821.75	MACPHERSON, MARILYNN	56,932.19
ABBOTT, LYNDA	63,614.96	MAGNUS, ROLLANDE	59,379.66
ABBS, CATHY	60,164.94	MAHON, SHERRY	59,467.52
ADDERLEY, CAROLYN	60,845.61	MAJOR, LISA	69,253.79
ADDERLEY, LYLE	61,096.09	MARLEAU, BARBARA	60,933.03
ANDERSON, BARBARA	63,370.61	MARTIN, KADE	57,566.54
ANDERSON, PENNY	97,044.17	MARTIN, PAULINE	65,804.90
ARNDT, KENDELL	78,931.78	MATIASZ, TAMMY	52,728.54
ARNESON, ANNA	52,606.48	MAYERLE, JONATHAN	62,488.04
ASSIE, RAMONA	73,505.38	MCCORRISTON, ELIZABETH	64,782.44
BAGNALL, CHARLOTT	67,061.14	MCKAY, PAMELA	101,330.64
BAIR, WENDY	70,833.14	MCLEAN, CHERYL	65,787.97
BAPTIST, ELAINE	66,757.98	MEIER, BONNIE	65,855.25
BARANIESKI, CAY	64,704.60	MENZIES, ANNETTE	63,501.24
BARLOW, LINDA	83,512.02	MERRIMAN, SHANE	101,330.65
BEAULIEU, SHARON	50,985.98	MESSNER, JANICE	66,378.54
BECKER, KAYE	64,106.94	MEVEL DEGERNESS, NADINE	52,998.52
BEDARD, GERALD	58,676.92	MEYER, KATHLEEN	56,975.18
BENSON, TERRY	60,128.04	MILLER, HEATHER	63,545.63
BERGREN, DOROTHY	70,194.04	MILLER, MARGARET	56,519.13
BERTRAND, MARILYN	63,976.25	MITCHELL, TRENT	64,108.94
BISCHOFF, CARRIE	53,893.59	MOEN, JUDITH	64,106.94

BITZER, DENISE	58,865.83
BLACK, JOAN	60,336.00
BLAIR, JUDY	77,984.07
BLAIS, ROCKLIN	53,798.16
BONE, EILEEN	65,406.50
BONSAN, ROXANE	76,357.13
BRADSHAW, KATHERINE	65,729.68
BROCKMAN, JUDY	164,873.77
BROTHWELL, LINDA	72,276.50
BROTHWELL, SHERRY	67,962.54
BROWN, DIANE	58,012.74
BUCHANAN, WILLIAM	64,911.78
BULMER, LOUISE	65,519.37
BURT, MARY	61,744.40
BURTON, VIOLET	62,512.91
BUSBY, JEAN	69,413.65
CAL, SHELLY	97,134.37
CAL, TARA	57,270.36
CAMPBELL, VIVIAN	67,210.11
CARLSON, PETRA	57,236.89
CARSWELL, KATHRYN	60,951.71
CHABOT, CATHERINE	69,734.56
CHRISTIANSON, LESLIE	57,280.57
CLARKE, JANICE	65,600.38
CLEAVELEY, JULIE	101,330.65
COLE, BETTY	68,386.91
CRICKETT, DONNA	64,681.17
CUNNINGHAM, MARGARET	63,308.91
CURRIE, MARGARET	64,042.43
DALZIEL, JOAN	60,475.72
DAVIS, ANDREA	60,815.56
DEAN, MELODY	77,252.75
DENTON, GORDON	52,779.34
DESAUTELS, BEVERLY	63,030.67
DESCHAMPS, BETTY	57,288.38
DIERKER, CHRISTINE	62,136.70
DOBRINSKI, BARB	67,782.90
DOBSON, DONNA	50,986.33
DONALD, RONDA	59,435.90
EDMUNDS, BEVERLEY	58,711.83
EDSTROM, DARLENE	66,080.95
ELLIOTT, PATRICIA	59,952.11
ENS, EVAN	57,083.10
ERNST, RAEANN	56,912.74
FAGNOU, BETTYLOU	60,586.54
FAVREAU, MONIQUE	56,294.41
FELLMAN, LEANNE	63,868.21
FERGUSON, HEATHER	64,224.12
FIDYK, MELANIE	71,294.61
FIRMAN DEPEEL, CHRISTINE	71,931.09
MORIN, NATALIE	73,181.34
NABER, COLLEEN	72,604.88
NEIGEL, CINDY	67,247.28
NEISZNER, TANYA	59,207.41
NEUMANN, VELMA	68,228.73
NICKEL, RHONDA	62,131.89
NOGIER, WAYNE	66,521.07
NYIRENDA, JULIEN	58,644.58
OFTEBRO, MARILYN	65,411.90
OLSON, MICHELLE	57,891.93
PARLEE, TAMMY	61,185.34
PEDERSON, PATRICIA	71,456.86
PERRAULT, LINDA	57,524.91
PETERS, RICHARD	73,366.89
PETERS, SHARON	62,694.25
PETERSEN, LORRAINE	65,018.28
PHILIPATION, RYAN	63,017.77
PHILLIPS, LISA	72,822.64
POHL, CHRISTINE	72,605.23
POLLREIS, BONNIE	63,392.33
PORTER, BARBARA	54,352.64
PULKINEN, MARJORIE	65,780.79
RAJA, FAISAL	55,421.82
READ, RUTH	56,932.19
REID, BARBARA	60,901.03
ROBIN, ROSANNE	58,239.52
ROGERS, CANDACE	55,536.35
ROMANIUK, TRINA	80,561.88
RUDYCHUK, MARGARET	66,068.54
RUNN, DENISE	60,060.99
RUNN, DIANE	64,106.14
RUTHERFORD, SHELLEY	71,993.31
RYBINSKI, JOE	101,330.65
RYHORCHUK, MABEL	60,177.82
SARANCHUK, JOCELYN	57,902.43
SAYNES, MARIA	65,748.46
SCARF, JEANNETTE	62,077.07
SCHEIDL, CAROL	68,988.90
SCHEIDL, LEONARD	77,771.84
SCHELL, WENDY	65,285.92
SCHIDLOWSKY, PATTI	55,083.48
SCHMALTZ, CARLENE	66,195.21
SCHMITT, JOYCE	51,812.94
SCHULER, MARIJANE	53,776.59
SCHULTZ, RITA	57,229.30
SECK, EMILY	63,237.10
SEIFERLING, SHEILA	51,044.71
SERHAN, DEANNA	73,366.86
SHANER, CAROL	61,131.31
SHIELS, PATRICIA	53,881.15

FOLDEN, DEANNA	91,532.26
FOSTER, MARYANNE	55,833.94
FRANKE, VERA	50,407.48
FRIESEN, DWAYNE	70,604.56
FRIESEN, LORI	55,750.76
FRISKY, SHARON	84,351.23
GABRYSH, MIRIAM	52,864.27
GALLAYS, PAULETTE	62,892.22
GARAND, ROBERT	54,661.59
GECK, DENISE	72,605.18
GENIK, HEATHER	65,119.50
GLAVES, CONNIE	73,366.86
GOOLIAFF, DOLORES	53,308.78
GRUNERUD, SHANNON	53,212.75
HAGE, BARBARA	50,091.33
HAGEN, MAUREEN	61,843.90
HAMPTON, BONNIE	74,677.19
HARBICHT, FAYE	50,169.18
HARMON, IRENE	53,486.53
HARPER, RENNIE	101,330.66
HAYDUK, MICHAEL	62,853.81
HAYWARD-HUNKIN, MICKIE	73,174.78
HAYWORTH, BEVERLY	52,340.08
HEDIN, JOANN	61,623.55
HEDIN, WAYNE	58,146.78
HEMINGSON, LINDA	68,763.01
HERZBERG, SYLVIA	56,750.15
HEWITT, ANNADAWN	64,543.55
HOBBINS, TIM	71,965.57
HOFFUS, MARIANNA	50,913.83
HUBER, ELAINE	52,241.25
HUGHES, TRACY	62,442.84
HUNT, SHIRLEY	50,985.98
HUNT, STACEY	54,646.75
JACKSON, VANESSA	52,568.31
JAMIESON, JOAN	50,986.12
JANZEN, ROSALEE	57,665.51
JOHNSON, JILLIAN	53,419.49
JONES, BEATRICE	64,972.66
JONES, JUDY	57,567.95
KHAN, MOHAMMAD	163,934.10
KIEFER, MARILYN	90,972.24
KIMBALL, VALERIE	64,635.85
KITELEY, WANDA	56,877.13
KOVACH, TAMMY	63,049.33
KOWAL, LOUISE	71,938.80
KWASNEY, LAURIE	69,285.09
LALONDE, DEBORAH	59,123.64
LALONDE, FLORENCE	66,672.27
LEBLANC, RENEE	64,106.93
SHOLTER, EVELYN	50,326.51
SIDDONS, SANDRA	50,161.23
SIMPKINS, DEBBY	73,083.15
SKIFTUN, COLETTE	66,761.42
SLOAN, BRUCE	55,650.82
SLOBODZIAN, FRED	71,965.58
SMITH, DOUGLAS	53,838.95
SOLSTEN, JULIE	58,884.60
SPAGRUD, LOIS	56,551.13
STADNEK, SONJA	57,940.31
STENSRUD, COLLEEN	62,897.43
STEVENSON, CHERYL	57,478.71
STEVENSON, KATHLEEN	62,130.25
STREETON, PATRICIA	65,880.45
STYAN, CATHY	51,727.99
SULLIVAN, NORINNE	55,690.54
SWANSON, JOAN	64,106.94
SZUCS, LEANNE	52,638.17
TATARYNOVICH, MARY	67,558.31
TAYLOR, GLORIA J	61,590.71
TERRY, DOUGLAS	75,168.22
THOMAS, SUSAN	62,992.62
TYCKON, LORRAINE	61,060.15
TYCKON, WILLIAM	62,056.52
UNGER, CATHERINE	64,414.55
VANCAMP, JACKIE	61,931.43
VANDERTWEEL, BARBARA	54,430.98
VANDEVEEN, GLORIA	50,469.67
VERKLAN, LOUISE	54,765.07
WAGNER, CONNIE	56,789.51
WALTER, DARIN	78,322.95
WARNER, BESSIE	69,253.76
WARRINER, VALERIE	121,755.59
WARSYLEWICZ, CYNTHIA	57,020.13
WATSON, HEATHER	63,078.29
WATT, ANITA	63,993.45
WEGENER, JOHN	87,813.98
WEGER, CHERYL	71,344.82
WESEEN, SANDRA	75,038.32
WESNOSKI, BARBARA	61,109.25
WHITEHEAD, MERNA	57,647.30
WIEBE, HELEN	53,838.95
WILKIE, WENDY	62,656.83
WILLIAMS, TANYA	56,759.70
WILSON, DORIS	74,382.74
WOOD, SHARON	66,944.96
WORSLEY, KATHY	74,566.44
WOZNIAK, DEBORAH	56,263.12
YAHOLNITSKY, PEARL	61,539.24
YAREMY, CAROL	67,284.36

LEE, ROXANNE	64,347.76
LEHNE, CHERYL	55,364.62
LITZENBERGER, JOAN	62,083.16
LITZENBERGER, KATHRYN	50,388.97
LONG, VALERIE	72,913.68
LOVE, NICOLETTE	60,895.65
LYONS, BARRY	76,536.63
MACKIE, CARMEN	50,312.60
YEO, CHARLES	65,250.01
YESKE, BRENDA	55,504.60
YOUNG, MARILYN	62,427.92
ZENS, ARLENE	64,106.95
ZIP, LEANNE	52,241.14

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

None

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

A1 POWER DOOR LTD.	55,159.14
ABBOTT DIAGNOSTIC	51,014.77
ABBOTT LABORATORIES LTD	68,863.45
ALCON CANADA INC	122,282.18
ARCHERWILL LOCAL # 58	138,382.18
ARJO CANADA INC.	158,008.58
BECKMAN COULTER CANADA INC	311,345.88
BUNZL DISTRIBUTION INC	131,570.56
CAN-MED HEALTHCARE	102,716.96
CARSEN GROUP INC.	68,259.98
CENTRAL ANSWERING SERVICE LTD.	84,563.00
CHEF REDI-MEATS	120,509.57
CITY OF MELFORT	65,084.61
CPDN RCDP	336,396.66
DAIRYLAND FLUID DIVISION LTD.	118,027.34
DATAPORT COMPUTER CENTRE	212,101.31
MODERN JANITORIAL SERVICES	73,897.07
MUSOKE, DR. ELIJAH PAUL	64,716.95
NATIONAL LEASING	184,201.88
NATIONAL MEDICAL LEASING	63,368.04
NATIONAL REFRIGERATION HTG LTD.	173,075.31
NEXIINNOVATIONS INC.	159,775.57
NIGHTINGALE GROUP NURSING	78,720.74
NIPAWIN DAY CARE COOPERATIVE	94,265.00
NIPAWIN FLIGHT CENTER	63,944.87
NORTH EAST EMS	757,049.95
NORTH SASK LAUNDRY& SUPPORT SERV	828,065.00
GE MEDICAL SYSTEMS	142,812.86
GRAND & TOY LTD	60,326.12
GREAT WEST LIFE	303,030.04
GURGUL, DR. MARIUSZ	107,800.00
HILL-ROM CANADA	141,610.02
HONEYWELL LIMITED (TORONTO)	68,699.85
HOSPIRA HEALTHCARE CORP.	179,905.61
HUDSON BAY & DISTRICT ARS	60,457.49
JB MEDICAL	50,829.72
JOHNSON DIVERSEY LEVER CANADA	77,206.07
KELVINGTON AMBULANCE CARE LTD	356,862.93
LONDON LIFE INSURANCE CO.	115,745.00
MARAIS, DR. SAREL	120,500.00
MCKESSON CANADA	244,387.23
MELFORT AMBULANCE	387,396.75
MELFORT COOP ASSN LTD	68,282.99
SASK TEL	109,715.67
SASK WORKERS COMPENSATION BOARD	1,034,719.39
SASKATOON HEALTH REGION	92,130.81
SCHAAN HEALTHCARE PRODUCTS	1,054,620.57
SGEU - DUES REMITTANCE	408,948.98
SGEU - LONG TERM DISABILITY	328,162.79
SHAMROCK AMBULANCE CARE LTD	187,655.22
SHEPP - PENSION BENEFITS	5,341,793.27
SOFTCHOICE CORPORATION	60,617.23
SOMAGEN DIAGNOSTICS INC	106,150.16
SOURCE MEDICAL	127,715.90

NORTHERN GROCERS INC	86,716.99
NOVA BIOMEDICAL CANADA LTD.	53,581.05
ORMED INFORMATION SYSTEMS LTD	74,351.59
ORTHO-CLINICAL DIAGNOSTICS	221,427.58
PHILIPS MEDICAL SYSTEMS CANADA	98,676.23
PRAIRIE MEATS	58,801.78
PRINCE ALBERT PARKLAND	272,978.07
PUBLIC EMPLOYEES SUPERANN. PLAN	89,310.61
QUILL PLAINS AMBULANCE CARE	60,675.76
RECEIVER GENERAL OF CANADA (TAX)	5,748,106.88
RED CARPET FOODS	56,688.64
SAHO - DENTAL PLAN BENEFITS	477,072.36
SAHO - DISABILITY INCOME PLAN	395,356.06
SAHO - EMPLOYEE BENEFITS	1,215,761.12
SAHO - HSSG PAYROLL DEPT.	164,697.74
SASK ENERGY	265,166.85
SASK FINANCE	59,467.10
SASK POWER	231,218.21
SASK PROPERTY MANAGE-DIST	499,404.22
SASK REGISTERED NURSE MEMBRSHP	82,379.30
STERIS CANADA INC.	85,373.09
STRYKER BERTEC	90,040.50
SUN	194,674.99
SUN LIFE FINANCIAL	68,051.58
SUNSPUN FOOD SERVICE	58,965.92
SUPREME BASICS (REGINA)	51,628.26
SYSCO FOOD SERVICES OF REGINA	783,529.28
THE INSURANCENTRE	192,201.00
TISDALE AMBULANCE CARE LTD	388,765.54
TODAY TECHNOLOGY MARKETING GROUP	64,774.96
TOWN OF NIPAWIN	93,381.34
TOWN OF TISDALE	53,767.09
TRIPLE G CORPORATION	130,501.83
TYCO HEALTHCARE GROUP CANADA LTD	69,535.84
WALDBILLIG, PETER	64,866.71

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

None

Performance Management Summary (Indicator Tables)

In support of *The Action Plan for Saskatchewan Health Care,* Saskatchewan Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the Regional Health Authority's, the accountability documents also link these expectations with funding and with performance indicators – measure of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on all health results or technical interpretations and definitions of the indicators below refer to the *Performance Management* documents on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled[1] *as of March 2006*		February 2008	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*		81	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*		96%	83%	58%-96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*		100.0%	96.9%	94.2%-100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[2]		*data currently not available*	*data currently not available*	*data currently not available*	100% compliance
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	84.23	90.60	79.59-116.42	____[5]
	HSAS	46.37	64.00	45.01-123.48	____[5]
	OOS/OTHER[3]	35.70	48.09	30.44-61.87	____[5]
	SUN	66.68	91.94	53.66-98.79	____[5]
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	75.27	85.18	69.24-103.96	____[5]
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	15.22	32.83	15.22-80.89	____[5]
	HSAS	10.87	24.75	0.35-88.09	____[5]
	OOS/OTHER[3]	7.32	3.17	0.00-10.15	____[5]
	SUN	40.86	72.44	24.61-426.41	____[5]
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*

Indicator		RHA Value	Provincial Value	Range	Target
	All Affiliations	18.54	38.06	17.96-130.02	——[5]
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	775.90	*not applicable*	*not applicable*	*not applicable*
	HSAS	45.33			
	OOS/OTHER[3]	102.95			
	SUN	182.92			
	RWDSU[4]	*not applicable*			
	All Affiliations	1107.10			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*		5.42	8.07	4.48-10.57	——[5]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*		330.14	447.10	190.64-618.66	——[5]
Percentage of employees self-identifying as Aboriginal *2003/2004*[6]		1.8%	*not available*	*not applicable*	*to be determined*
Worked hours as a percentage of total hours by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	80.2%	79.3%	73.7% – 80.2%	——[5]
	HSAS	83.1%	82.2%	76.4% – 84.4%	——[5]
	OOS/OTHER[3]	84.3%	84.0%	80.9% – 87.1%	——[5]
	SUN	78.4%	76.0%	63.7% – 78.7%	——[5]
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	80.4%	79.2%	73.2% – 80.4%	——[5]
Financial					
Working capital ratio (current ratio) *2005/2006*		1.31	*not applicable*	0.36 -2.02	1.0
Number of days able to operate with working capital *2005/2006*		(6.68)	*not applicable*	(62.41) – 18.50	14 days
Surplus/deficit *2005/2006*		$99,000	*not applicable*	($1,507,000) - $5,002,000	$0

Indicator		RHA Value	Provincial Value	Range	Target
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		0.1%	*not applicable*	(1.2%) – 1.3%	0.0% – 0.5%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans[7] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans[8] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	100%
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2004/2005*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[10] *2004/2005*	Child / Youth	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Adult	*not applicable*			

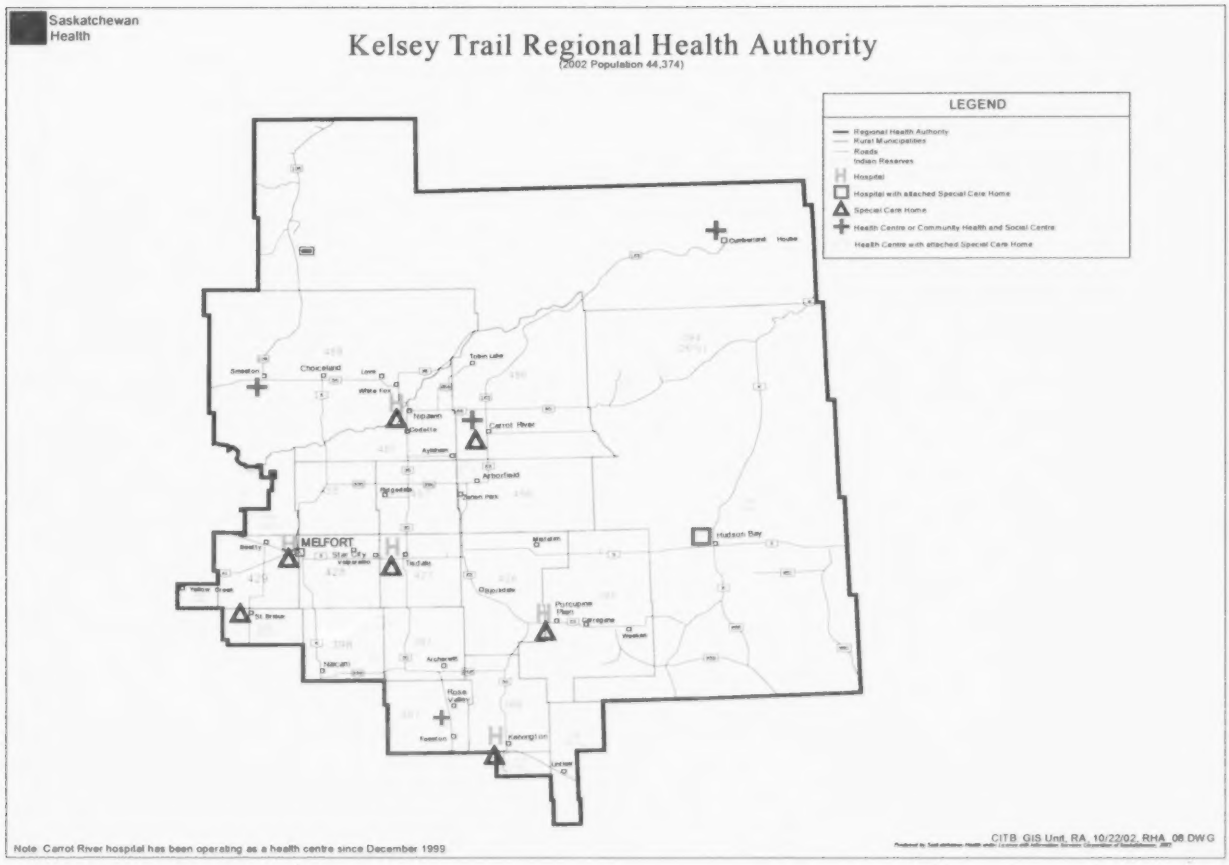
Indicator		RHA Value	Provincial Value	Range	Target
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[11,12] *2004/2005*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction	*not applicable*			
	Spinal Cord Dysfunction	*not applicable*			
	Orthopaedic Conditions	*not applicable*			
	Neurological Conditions	*not applicable*			
	Amputation of Limb	*not applicable*			
	Major Multiple Trauma	*not applicable*			
	Medically Complex	*not applicable*			
	Debility	*not applicable*			
	Cardiac	*not applicable*			
	Pulmonary	*not applicable*			
	Arthritis	*not applicable*			
	Pain Syndrome	*not applicable*			
	Other	*not applicable*			
Acute Care Services					
Number of surgical cases[13] *2005/2006*		939	*not applicable*	*not applicable*	[14]
Percentage of surgical cases performed as day surgery[13] *2005/2006*		62.6%	54.4%	39.0% - 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	80.9%	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	97.3%	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	100.0%	84.2%	72.9% – 100.0%	80%
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Case mix index for institutional supportive care facilities[15] *as at the end of Q2 2005/2006*		0.80	0.77	0.75 -0.80	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[15] *as at the end of Q2 2005/2006*		29.2%	22.2%	15.2% - 29.8%	*to be determined*
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[16] *July 1, 2004 to June 30, 2005*[17]	Diphtheria	75.8%	72.9%	50.0% - 86.5%	*to be determined*
	Measles	72.5%	71.2%	50.0% - 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005/2006*[18]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE – Food Eating Establishment	100.77%	*not applicable*	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	96.00%	*not applicable*	0.00%– 96.43%	
	LA – Licensed Accommodations	100.00%	*not applicable*	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	100.00%	*not applicable*	12.00% – 100.00%	
	Public Water Supplies	99.28%	*not applicable*	21.23% – 99.28%	
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	20.8%	24.6%	20.8% – 40.7%	*to be determined*
	Females	21.8%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		62%	68%	57% - 75%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		53.1%	54.5%	35.7% - 80.9%	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		38.2%	26.6%	0.00% - 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		2	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay[21] *2004/2005*	Average Length of Stay	*Not applicable*	14.4	11.1 – 18.0	*to be determined*
	Average Expected Length of Stay	*not applicable*	12.4	9.0 – 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients[21] *2004/2005*		*not applicable*	21.6%	17.9% - 30.3%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[22] *2004/2005*		*not applicable*	64.3%	56.8% - 72.3%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		5.0%	*not applicable*	3.4% - 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[23] *2002-2004*		8.1	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[23] *2002-2004*		5.3	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[23] *2002-2004*		20.6	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[19] *2001*	Circulatory Diseases	1167.5	951.5	817.9 – 1208.9	*to be determined*
	All Malignant Neoplasms	1457.2	1483.1	1126.0 – 1706.8	
	All Respiratory Diseases	376.5	222.9	63.5 – 376.5	
	Unintentional Injuries	1376.5	1028.0	636.4 – 2781.8	
	Suicide and Self-Inflicted Injuries	539.0	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[19] *1996*[24]	Males	67.6	66.6	61.8–69.2	*to be determined*
	Females	71.0	70.0	63.2-72.5	
Disability-free life expectancy (at age 65 years)[19] *1996*[24]	Males	12.1	11.2	8.7-12.1	*to be determined*
	Females	12.6	12.7	8.4-13.2	
Life expectancy (at birth)[19] *2001*[25]	Males	75.6	76.2	72.1-78.2	*to be determined*
	Females	82.5	81.8	76.1-82.8	
Life expectancy (at age 65 years)[19] *2001*[25]	Males	17.2	16.9	15.6-18.0	*to be determined*
	Females	21.6	20.9	17.2-21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[19] *2003*[20]		48.2%	59.5%	47.6% - 63.7%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of population (age 18 to 64 years) who are overweight or obese[19] *2003*[20]	Overweight (BMI 25.0-29.0)	39.3%	35.8%	31.7% - 41.8%	*to be determined*
	Obese (BMI 30.0+)	18.3%	20.5%	16.4% - 27.2%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[19] *2003*[20]	Active / moderately active	44.5%	49.8%	41.7% - 56.1%	*to be determined*
	Inactive	52.3%	47.8%	41.0% - 56.4%	
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	12,528	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	1,944			
Age-adjusted diabetes prevalence rate per 1,000 population[26] *2003/2004*		57.6	*not applicable*	46.1 – 91.3	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	12.6	11.1	8.4 – 28.7	*to be determined*
	Females	8.3	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003/2004*	Males	16.1	14.9	10.2 – 23.0	*to be determined*
	Females	26.3	25.4	0.0 – 38.3	



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